

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K44400

FILED
Aug 04, 2004
Secretary of State

Entity Name: GASKIN PACKAGE, INC.

Current Principal Place of Business:

17493 STATE HWY 83
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

17493 STATE HWY 83
DEFUNIAK SPRINGS, FL 32433 US

New Mailing Address:

FEI Number: 59-2920708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEAD, MICHAEL E
17493 STATE HWY 83
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: HEAD, WILLIAM T.,
Address: 17493 STATE HWY 83
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: DS () Delete
Name: HEAD, MARCUS T.,
Address: 17493 STATE HWY 83
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: DP () Delete
Name: HEAD, MICHAEL E
Address: 17493 ST. HUY 83
City-St-Zip: DEFUNIAK SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E HEAD

DP

08/04/2004

Electronic Signature of Signing Officer or Director

Date