

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90006 033 ***150.00

DOCUMENT # L55892

1. Entity Name,
PRO-PACK, INC.



Principal Place of Business

6055B CLARK CTR AVE
SARASOTA, FL 34238 US

Mailing Address

6055 B CLARK CTR AVE
SARASOTA, FL 34238 US

54067568

2. Principal Place of Business

8140 BLAIRIE CT
Suite, Apt. #, etc.
UNIT F

3. Mailing Address

8140 BLAIRIE CT
Suite, Apt. #, etc.
UNIT F

07262004

Chg-P

CR2E034 (10/03)

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0185839

Applied For

Not Applicable

Zip
34240

Country
USA

Zip
34240

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERNEUS, STEPHEN R.
1918 ROLLING GREEN CR
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME TERNEUS, STEPHEN R.
STREET ADDRESS 1918 ROLLING GREEN CR.
CITY-ST-ZIP SARASOTA, FL ☐ Delete

TITLE D
NAME TERNEUS, PAMELA S.
STREET ADDRESS 1918 ROLLING GREEN CR.
CITY-ST-ZIP SARASOTA, FL ☐ Delete

TITLE VP
NAME MARTIN, PAUL
STREET ADDRESS 5015 EASTCHESTER DR
CITY-ST-ZIP SARASOTA, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steve Terneus Steve Terneus pers 7/30/04 941-379-8367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #