

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90072 045 \*\*\*150.00

**DOCUMENT # L86539**

1. Entity Name

FLORIDA ENVELOPE COMPANY



Principal Place of Business

9208 PALM RIVER ROAD  
SUITE 302  
TAMPA FL 33619

Mailing Address

C/O GRIFFITH & JACOBSON, LLC  
55 W. MONROE, STE. 3550  
CHICAGO IL 60603  
IL

**50018106**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **36-3725043**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete  
NAME **BURGESS, HARLAN**  
STREET ADDRESS **301 ARTHUR CT**  
CITY-ST-ZIP **BENSENVILLE IL**

TITLE **VP** ☐ Delete  
NAME **ECKAUS, RICHARD**  
STREET ADDRESS **301 ARTHUR CT**  
CITY-ST-ZIP **BENSENVILLE IL**

TITLE **S** ☐ Delete  
NAME **SEROKA, KENNETH**  
STREET ADDRESS **301 ARTHUR COURT**  
CITY-ST-ZIP **BENSENVILLE IL 60106**

TITLE **T** ☐ Delete  
NAME **NICKELL, DAVID**  
STREET ADDRESS **301 ARTHUR COURT**  
CITY-ST-ZIP **BENSENVILLE IL 60106**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P/D** ☒ Change ☐ Addition  
NAME **Eckaus, Richard**  
STREET ADDRESS **301 Arthur Court**  
CITY-ST-ZIP **Bensenville, Illinois 60106**

TITLE **S/D** ☒ Change ☐ Addition  
NAME **Seroka, Kenneth**  
STREET ADDRESS **301 Arthur Court**  
CITY-ST-ZIP **Bensenville, Illinois 60106**

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

TITLE **VP** ☐ Change ☒ Addition  
NAME **Rojas, Luis**  
STREET ADDRESS **301 Arthur Court**  
CITY-ST-ZIP **Bensenville, Illinois 60106**

TITLE **D** ☐ Change ☒ Addition  
NAME **Dahlgren, Kent**  
STREET ADDRESS **301 Arthur Court**  
CITY-ST-ZIP **Bensenville, Illinois 60106**

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:

*Kenneth Seroka*

Kenneth Seroka, secretary

(630)616-2750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #