

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90195 001 \*\*\*122.50

<b>DOCUMENT # N05000007346</b> 1. Entity Name <b>PACKAGING &amp; LABEL GRAVURE EDUCATIONAL FOUNDATION, INC.</b>					
Principal Place of Business <b>2952 HOLLANSBURG-ARCANUM RD NEW MADISON, OH 45346</b>			Mailing Address <b>2952 HOLLANSBURG-ARCANUM RD NEW MADISON, OH 45346</b>		
2. Principal Place of Business - No P.O. Box # <b>18481 ROYAL HAMMOCK BLVD.</b>		3. Mailing Address <b>18481 ROYAL HAMMOCK BLVD.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>			
Zip <b>34114</b>	Country	Zip <b>34114</b>	Country		
6. Name and Address of Current Registered Agent  <b>DUNKIN, DAVID A 170 W DEARBORN ST ENGLEWOOD, FL 34223</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>20-4055322</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
SIGNATURE _____					
Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2007</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D KLEIN, BILL 2952 HOLLANSBURG-ARCANUM RD NEW MADISON, OH 45346</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D SHARKEY, PAUL 8531 CROWN CRESCENT COURT CHARLOTTE, NC 28227</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D SYRKOS, RON 455 DIVIDEND DRIVE PEACHTREE CITY, GA 30269</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D WHITE, MURRAY 1222 PERRY WAY WATERTOWN, WI 53094</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D DAETWYLER, PETER 13420 REESE BLVD HUNTERVILLE, NC 28078</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D MEDLICOTT, PETER C/O 18481 ROYAL HAMMOCK BLVD. NAPLES, FL 34114</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D BERWICK, CHRIS C/O 18481 ROYAL HAMMOCK BLVD. NAPLES, FL 34114</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D METZGER, HUBERT C/O 18481 ROYAL HAMMOCK BLVD. NAPLES, FL 34114</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D LEPP, JIM 18481 ROYAL HAMMOCK BLVD. NAPLES, FL 34114</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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.					
<b>SIGNATURE:</b> <u>Jim Lepp</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/16/07      239-774-0509		

**SEE ATTACHED**

ATTACHMENT

Attachment:

66010267  
#19800000298

**CHANGES TO ANNUAL REPORT**  
**PACKAGING & LABEL GRAVURE EDUCATIONAL FOUNDATION, INC.**

TITLE	D	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
NAME	BUTLER, RANDY	
ST. ADDRESS	C/O 18481 ROYAL HAMMOCK BLVD.	
CITY- ST- ZIP	NAPLES, FL 34114	