2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000014172

Entity Name: SADDLE CREEK COPAK SERVICES, INC.

FILED Jan 21, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|---|---|--|--|
| | DLE CREEK), FL 33801 | RD. | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | DLE CREEK), FL 33801 | RD. | | | |
| FEI Number: | 59-3627367 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent: | Name and Address of | of New Registered Agent: | |
| | RUCE R DLE CREEK D, FL 33801 | RD. US | | | |
| The above in the State | named entit of Florida. | y submits this statement for the pu | rpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electr | onic Signature of Registered Agen | t | Date | |
| Election Carr | npaign Financ | ing Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | LYONS, DAV 1320 LAKE N | () Delete ID P IIRROR DR., S. /EN, FL 33881 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S LAKE, DARR 105 SOUTH (AUBURNDAL | COURT | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | LYONS, THO 1340 LAKE N | () Delete MAS D IIRROR DR. S. √EN, FL 33881 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | LYONS, CON 1340 LAKE N | () Delete ISTANCE W IIRROR DR. S. VEN, FL 33881 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | THORNTON, 1151 INTERL | () Delete W. SCOTT OCHEN BLVD. /EN, FL 33884 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ABLES, BRU | IGSWORTH HILL | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DARREL C LAKE S 01/21/2006