

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000014172

FILED
Jan 11, 2007
Secretary of State

Entity Name: SADDLE CREEK COPAK SERVICES, INC.

Current Principal Place of Business:

3010 SADDLE CREEK RD.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

3010 SADDLE CREEK RD.
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-3627367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABELS, BRUCE R
3010 SADDLE CREEK RD.
LAKELAND, FL 33801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYONS, DAVID P
Address: 1320 LAKE MIRROR DR., S.
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: LAKE, DARREL C
Address: 105 SOUTH COURT
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: LYONS, THOMAS D
Address: 1340 LAKE MIRROR DR. S.
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: LYONS, CONSTANCE W
Address: 1340 LAKE MIRROR DR. S.
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: THORNTON, W. SCOTT
Address: 1151 INTERLOCHEN BLVD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: P () Delete
Name: ABLES, BRUCE R
Address: 2626 HOLLINGSWORTH HILL
City-St-Zip: LAKELAND, FL 33803

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:

Title: () Change () Addition
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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 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

01/11/2007

Electronic Signature of Signing Officer or Director

_____ Date