2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2004
Secretary of State

DOCUMENT# P00000025321

Entity Name: IDEAL PACK & SHIP INC.

Current Principal Place of Business:

10152 INDIANTOWN ROAD
#B-5
JUNIPER, FL 33478

New Principal Place of Business:

10152 INDIANTOWN ROAD
#B-5
JUPITER, FL 33478

Current Mailing Address:

10152 INDIANTOWN ROAD
#B-5
JUNIPER, FL 33478

New Mailing Address:

10152 INDIANTOWN ROAD
#B-5
JUPITER, FL 33478

FEI Number: 65-0999503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOUT, ROBERT
10152 INDIANTOWN ROAD
#B-5
JUNIPER, FL 33478

Name and Address of New Registered Agent:

STOUT, ELAINE
10152 INDIANTOWN ROAD
#B-5
JUPITER, FL 33478

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: ELAINE STOUT 09/21/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STOUT, ROBERT
Address: 1405 S. MAIN ST., STE. 210
City-St-Zip: WAKE FOREST, NC 27587

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STOUT, ELAINE
Address: 10152 W INDIANTOWN RD
City-St-Zip: JUPITER, FL 33478

Title: VP ( ) Change (X) Addition
Name: LEWTER, HAROLD
Address: 10152 W INDIANTOWN
City-St-Zip: JUPITER, FL 33478

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELAINE STOUT P 09/21/2004
Electronic Signature of Signing Officer or Director Date