

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 07, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000095161

1. Entity Name
QUICK PAK, INC.



Principal Place of Business
**1100 NORTH 28TH ST
TAMPA, FL 33605**

Mailing Address
**1100 NORTH 28TH ST
TAMPA, FL 33605**



01022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3674590

Applied F.
Not Appl.

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

6. Name and Address of Current Registered Agent

**CUNNINGHAM, MICHAEL
QUICK PAC INC
1100 NORTH 28TH ST
TAMPA, FL 33605**

**DO NOT WRITE
IN THIS SPACE**

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 assume 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUNNINGHAM, MICHAEL
STREET ADDRESS	4311 CROSS RIDGE CT
CITY- ST- ZIP	VALRICO, FL 33594
TITLE	D
NAME	CUNNINGHAM, KATHLEEN
STREET ADDRESS	4311 CROSS RIDGE CT
CITY- ST- ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000000093
01/07/04-80006-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #