

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr-29, 2004 08:00 AM  
Secretary of State

DOCUMENT # P00000097588

1. Entity Name  
CITY PACKING, CORP.



Principal Place of Business  
7431-34 W ATLANTIC AVE  
#149  
DELRAY BEACH, FL 33446

Mailing Address  
7431-34 W ATLANTIC AVE  
#149  
DELRAY BEACH, FL 33446



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1048051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

HOGANCAMP, WALTER E  
640 NW 7 CIRCLE  
#2018  
PLANTATION, FL 33324

**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 accept 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 NAME STREET ADDRESS CITY - ST - ZIP	PD TICHAUER, HARVEY 7431-34 W ATLANTIC AVE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000141136  
04/29/04-80190-019 150.00

**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)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harvey Tiches  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04  
Date

Daytime Phone #