
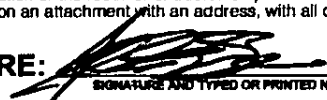


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000116858		
1. Entity Name BUNN PACKAGING TECHNOLOGY, INC.		
Principal Place of Business 2730 DRANE FIELD RD. LAKELAND, FL 33811	Mailing Address 2730 DRANE FIELD RD. LAKELAND, FL 33811	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUNN, JOHN R 2730 DRANE FIELD RD. LAKELAND, FL 33811		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 _____ (NOTE: Registered Agent signature required when restate) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BUNN, JOHN R 2730 DRANE FIELD RD. LAKELAND, FL 33811	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		John R. Bunn 07/05/06 863/647-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1105980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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07/07/06-80003-004 150.00