


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000067944 1. Entity Name P AND P PACKAGING, INC.	
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Principal Place of Business 10920 SR70 E SUITE 11 BRADENTON, FL 34202 US	Mailing Address 9938 ORTEGA LANE BONITA SPRINGS, FL 34135
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04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1120857	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MYERS, VINCENT D
9938 ORTEGA LANE
BONITA SPRINGS, FL 34135

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	STD BURTLESS, LAUREEN M 7125 DORNOUGH LANE SARASOTA, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MYERS, VINCENT D 9938 ORTEGA LANE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/29/05-80066-010 150.00

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

SIGNATURE:

VINCENT D. MYERS
Vincent D Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-05 235-992-8667