

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90293 040 \*\*\*150.00

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04152005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000079630</b> 1. Entity Name FOUNDATION PACKAGING, INC.					
Principal Place of Business 325 SEMINOLE WOODS BLVD GENEVA, FL 32732			Mailing Address 379 SPRUCEWOOD COURT LAKE MARY, FL 32746		
2. Principal Place of Business		3. Mailing Address 325 SEMINOLE WOODS BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State GENEVA FL		4. FEI Number 59-3739383	
Zip 32732		Country SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  COWEN, J. ANDREW 379 SPRUCEWOOD COURT LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name COWEN, J. ANDREW Street Address (P.O. Box Number is Not Acceptable) 325 SEMINOLE WOODS BLVD. City GENEVA FL Zip Code 32732		
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 <u>J. Andrew Cowen</u> J. ANDREW COWEN 4/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWEN, J. ANDREW 325 SEMINOLE WOODS BLVD. GENEVA, FL 32732		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>J. Andrew Cowen</u> 4/20/05 407-399-1986 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					