


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90103 003 ***150.00

DOCUMENT # P03000009008 1. Entity Name FILL N PACK, INC.					
Principal Place of Business 2600 S.COURSE DRIVE 603 POMPANO BEACH, FL 33069 US			Mailing Address 2600 S.COURSE DRIVE 603 POMPANO BEACH, FL 33069 US		
2. Principal Place of Business 318 NE 8TH ST Suite, Apt. #, etc. 7		3. Mailing Address PO BOX 610181 Suite, Apt. #, etc.			
City & State Pompano Beach		City & State Pompano Beach FL		4. FEI Number 16-1650035	
Zip 33064		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIDOJKOVIC, BRATISLAV T 2600 S.COURSE DRIVE 603 POMPANO BEACH, FL 33069			7. Name and Address of New Registered Agent Name LISA F. DOLING Street Address (P.O. Box Number is Not Acceptable) 6001 NW 7TH ST APT 16 City Pompano Beach FL Zip Code 33061		
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: <i>Lisa Fay Doling (PRES)</i> LISA FAY DOLING 4/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <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	PRES VIDOJKOVIC, BRATISLAV T 2600 S. COURSE DR. # 603 POMPANO BCH., FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LISA FAY DOLING 6001 NW 7TH ST APT 16 POMPANO BEACH FL 33061	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete		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"/> 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"/> Delete		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)(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: <i>Lisa Fay Doling PRES</i> LISA FAY DOLING 4/30/05 465-5617 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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