
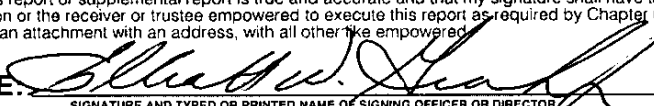


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90451 041 \*\*\*150.00

<b>DOCUMENT # P03000018511</b> 1. Entity Name <b>WEMPACK, INC.</b>					
Principal Place of Business <del>7011 CENTRAL AVE., STE. B</del> <del>ST. PETERSBURG, FL 33710</del>			Mailing Address <del>7011 CENTRAL AVE., STE. B</del> <del>ST. PETERSBURG, FL 33710</del>		
2. Principal Place of Business <b>2406 Terminal Dr. S.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 13156</b> Suite, Apt. #, etc.			
City & State <b>St. Petersburg, FL</b> Zip <b>33712</b>		City & State <b>St. Petersburg, FL</b> Zip <b>33733</b>		Country <b>US</b>	
4. FEI Number <b>65-1181811</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TENNEY, MARC A ESQ.</b> <b>7011 CENTRAL AVE., STE. B</b> <b>ST. PETERSBURG, FL 33710</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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	PT GRAHAM, ELLIOTT W JR. 2910 - 4TH AVE. SOUTH ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GRAHAM, EVELYN W 2910 - 4TH AVE. SOUTH ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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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 the empowered.			SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date _____			Daytime Phone # _____		