

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90029 021 \*\*\*150.00

**DOCUMENT # P03000037556**

1. Entity Name

DYNAMIC PACKAGING, INC.



Principal Place of Business

15666 49TH STREET N  
LOT 1072  
CLEARWATER FL 33762

Mailing Address

15666 49TH STREET N  
LOT 1072  
CLEARWATER FL 33762

34011000



MOORE CR2E034 (11/03)

2. Principal Place of Business

8064 118th Ave No  
Suite, Apt. #, etc.

3. Mailing Address

8064 118th Ave No  
Suite, Apt. #, etc.

City & State

Largo FLORIDA

City & State

Largo FLORIDA

4. FEI Number

51-0467468

Applied For

Not Applicable

Zip

33773

Country

Pinellas

Zip

33773

Country

Pinellas

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 RICHARD WILKINSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILKINSON, RICHARD	
STREET ADDRESS	15666 49TH STREET N #1072	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILKINSON, ELAINE	
STREET ADDRESS	15666 49TH STREET N #1072	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAWORTH, BRENDA	
STREET ADDRESS	15666 49TH STREET N #1072	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILKINSON, ROBERT	
STREET ADDRESS	15666 49TH STREET N #1072	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Richard Wilkinson Richard Wilkinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-4 727-459-8084