

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000083907

1. Entity Name

W PACK ENTERPRISES, INC.



Principal Place of Business

2701 N. HIATUS ROAD
#149
COOPER CITY, FL 33026

Mailing Address

2701 N. HIATUS ROAD
#149
COOPER CITY, FL 33026

FILED
05 JUL 29 11 9 13

SECRET
TALL



07282005 No Chg-P CR2E034 (10/03)

4. FEI Number

20-0135161

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WUENSCH, ALAN
2701 N. HIATUS ROAD
#149
COOPER CITY, FL 33026

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

000058355820

08/09/05--01002--022 **150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
WUENSCH, ALAN
2701 N. HIATUS ROAD #149
COOPER CITY, FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
WUENSCH, CATRINA
2701 N. HIATUS ROAD #149
COOPER CITY, FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #