

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000084402

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Entity Name:** BARRIERMED PACKAGING CO.

**Current Principal Place of Business:**

155 TECHNOLOGY PARK  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

155 TECHNOLOGY PARK  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 20-1338288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAGUCCI, VICTOR  
155 TECHNOLOGY PARK  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

LEONE, JAMES  
3188 OAK LANE  
EDGEWATER, FL 32132 US

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.

**SIGNATURE:** JAMES LEONE

04/27/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPST ( ) Delete  
**Name:** RAGUCCI, VICTOR  
**Address:** 155 TECHNOLOGY PARK  
**City-St-Zip:** LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** CEO (X) Change ( ) Addition  
**Name:** RAPPO, SEPO  
**Address:** 175 BAXTER NECK ROAD  
**City-St-Zip:** MARSTONS MILLS, MA 02648

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SEPPO RAPO

CEO

04/27/2007

Electronic Signature of Signing Officer or Director

Date