

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000108568

1. Entity Name
INNOPAK, INC.



Principal Place of Business

2 BAY HARBOR BLVD
BRICK, NJ 08723

Mailing Address

2 BAY HARBOR BLVD
BRICK, NJ 08723

DO NOT WRITE IN THIS SPACE



06162008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5443384

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEJONGE, STUART
804 HERON POINT CIRCLE
DELAND, FL 32724

**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: *Frederick R. Erxleben*

Signature, typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

✓ 6/23/08
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000958153
08/21/08-80005-025 550.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME ERXLEBEN, FREDERICK R
STREET ADDRESS 2 BAY HARBOR BLVD
CITY-ST-ZIP BRICK, NJ 08723

TITLE D
NAME DEJONGE, STUART W
STREET ADDRESS 804 HERON POINT CIRCLE
CITY-ST-ZIP DELAND, FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Frederick R. Erxleben*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 6/23/08 732-828-7777
Date Daytime Phone #