

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139275

Entity Name: CUSTOM-PAK NOGALES, INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

315 EAST NEW MARKET RD
IMMOKALEE, FL 34143

New Principal Place of Business:

315 EAST NEW MARKET RD
IMMOKALEE, FL 34142

Current Mailing Address:

315 EAST NEW MARKET RD
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 20-5824636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: PRESS, MAXWELL L
Address: 315 EAST NEW MARKET RD
City-St-Zip: IMMOKALEE, FL 34142 US

Title: DP () Delete
Name: WEISINGER, SHERYL A
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142 US

Title: V () Delete
Name: WEISINGER, JAIME
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142 US

Title: V () Delete
Name: DESSAK, PETER
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142 US

Title: VST () Delete
Name: PURSE, TOBY K
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TOBY PURSE

VST

01/08/2009

Electronic Signature of Signing Officer or Director

Date