2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007286

Entity Name: FRAZIER SHIPPING AND PACKAGING, INC.

FILED Jun 29, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

87205 BRANCH CREEK DRIVE 463688 STATE ROAD 200 YULEE, FL 32097

SUITE 1

YULEE, FL 32097

Current Mailing Address: New Mailing Address:

87205 BRANCH CREEK DRIVE 463688 STATE ROAD 200

SUITE 1 YULEE, FL 32097

YULEE, FL 32097

FEI Number: 26-1802004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FRAZIER, SUSAN N 87205 BRANCH CREEK DRIVE YULEE, FL 32097 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:

Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: MRS (X) Change () Addition

FRAZIER, SUSAN N Name: Name: FRAZIER, SUSAN N 87205 BRANCH CREEK DRIVE 87205 BRANCH CREEK DRIVE Address: Address:

City-St-Zip: YULEE, FL 32097 City-St-Zip: YULEE, FL 32097

() Delete Title: Title: (X) Change () Addition

FRAZIER, A LEE Name: FRAZIER, A LEE Name:

87205 BRANCH CREEK DRIVE Address: 87205 BRANCH CREEK DRIVE Address:

YULEE, FL 32097 YULEE, FL 32097 City-St-Zip: Citv-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: SUSAN N. FRAZIER MRS 06/29/2009