

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000057390

Entity Name: FLORIDA FLEX PACK, INC.

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3874 TAMPA ROAD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

3874 TAMPA ROAD  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

SHERMAN, JEFFREY  
3874 TAMPA ROAD  
OLDSMAR, FL 34677 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CAROLLO, SANTO  
Address: 3874 TAMPA ROAD  
City-St-Zip: OLDSMAR, FL 34677

Title: VPD  
Name: GULLO, ANTHONY  
Address: 3874 TAMPA ROAD  
City-St-Zip: OLDSMAR, FL 34677

Title: STD  
Name: HENRY, LEWIS  
Address: 3874 TAMPA ROAD  
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 all other like empowered.

SIGNATURE: SANTO CAROLLO

PD

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date