2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000049917

1. Entity Name
ASSOCIATED PACKAGING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
900 S US HIGHWAY ONE SUITE 207 JUPITER, FL 33477	T E. LWCHLAN AVE. 110 EXTON, PA 19341

07162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0424161
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUFF, CHARLES J
STREET ADDRESS	270 SOUTH BEACH ROAD
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VD
NAME	DILLENSCHNEIDER, JOHN J
STREET ADDRESS	117 WHITE OAK ROAD
CITY-ST-ZIP	CHERRY HILL, NJ 08034
TITLE	ST
NAME	NELSON, THOMAS R
STREET ADDRESS	1102 ST. ANNES WAY
CITY-ST-ZIP	WEST CHESTER, PA 19382
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000169811
08/10/04-80001-005 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 7/28/04 954 713 1404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #