

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90069 040 \*\*\*150.00

**DOCUMENT #P94000017507**

1. Entity Name

**FLORIDA ENVELOPE MANUFACTURING CORPORATION**



Principal Place of Business

**9208 PALM RIVER RD  
STE 302  
TAMPA FL 33619  
US**

Mailing Address

**C/O GRIFFITH & JACOBSON, LLC  
55 W MONROE, SUITE 3550  
CHICAGO IL 60603  
US**

**50017961**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3232948**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete  
NAME **BURGESS, HARLAN H**  
STREET ADDRESS **301 ARTHUR CT.**  
CITY-ST-ZIP **BENSENVILLE IL**

TITLE **DVP** ☐ Delete  
NAME **ECKAUS, RICHARD**  
STREET ADDRESS **301 ARTHUR CT**  
CITY-ST-ZIP **BENSENVILLE IL**

TITLE **S** ☐ Delete  
NAME **SEROKA, KENNETH**  
STREET ADDRESS **301 ARTHUR COURT**  
CITY-ST-ZIP **BENSENVILLE IL 60106**

TITLE **T** ☐ Delete  
NAME **NICKELL, DAVID**  
STREET ADDRESS **301 ARTHUR COURT**  
CITY-ST-ZIP **BENSENVILLE IL 60106**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P/D** ☒ Change ☐ Addition  
NAME **Eckaus, Richard**  
STREET ADDRESS **301 Arthur Court**  
CITY-ST-ZIP **Bensenville, Illinois 60106**

TITLE **S/D** ☒ Change ☐ Addition  
NAME **Seroka, Kenneth**  
STREET ADDRESS **301 Arthur Court**  
CITY-ST-ZIP **Bensenville, Illinois 60106**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
NAME **Rojas, Luis**  
STREET ADDRESS **301 Arthur Court**  
CITY-ST-ZIP **Bensenville, Illinois 60106**

TITLE **D** ☐ Change ☒ Addition  
NAME **Dahlgren, Kent**  
STREET ADDRESS **301 Arthur Court**  
CITY-ST-ZIP **Bensenville, Illinois 60106**

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:**

*Kenneth Seroka*

**Kenneth Seroka, secretary**

**(630)616-2750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #