

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90035 017 ***163.75

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1. Entity Name

F-PACK INTERNATIONAL, INC.



Principal Place of Business

1862 IVORY CANE POINTE
NAPLES FL 34119
US

Mailing Address

P.O. BOX 110310
NAPLES FL 34108-0106



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0664954

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

MID-CONTINENTAL SECURITIES CORP.
1862 IVORY CANE POINTE
NAPLES FL 34119

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, 2006 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	D	<input checked="" type="checkbox"/> Delete
NAME	POLLAND, MILTON	
STREET ADDRESS	230 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10169	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RAMETRA, SURINDER	
STREET ADDRESS	230 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10169	
TITLE	VP/S	<input type="checkbox"/> Delete
NAME	POPE, DOMINICK	
STREET ADDRESS	144 VOORHIS	
CITY-ST-ZIP	NEW MILFORD NJ 07024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK C. PLOPP	
STREET ADDRESS	4 CLIFF AVE.	
CITY-ST-ZIP	WINTHROP, MA 02152	
TITLE	DIRECTOR/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELLE P. SUPPES	
STREET ADDRESS	1862 IVORY CANE POINTE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Frank C. Plopp, President/Director 2-20-06 617-529-0116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #