

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037095

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** PACKAGING MACHINERY MANUFACTURERS REPRESENTATIVES, INC.

**Current Principal Place of Business:**

14 ALLIGATOR COVE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

14 ALLIGATOR COVE  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 59-3449810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCQUISTON, BONNIE  
14 ALLIGATOR COVE  
SANTA ROSA BEACH, FL US

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

MCQUISTON, BONNIE  
14 ALLIGATOR COVE  
SANTA ROSA BEACH, FL 32459 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: BONNIE MCQUISTON

01/26/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: MCQUISTON, RICHARD  
Address: 14 ALLIGATOR COVE  
City-St-Zip: SANTA ROSA BEACH, FL

Title: CFOV ( ) Delete  
Name: MCQUISTON, BONNIE  
Address: 14 ALLIGATOR COVE  
City-St-Zip: SANTA ROSA BEACH, FL

Title: P ( ) Delete  
Name: RICHARDSON, GEORGE  
Address: 70 LEWIS FAIRWAY CT  
City-St-Zip: OAKLAND, TN 38060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: MCQUISTON, RICHARD  
Address: 14 ALLIGATOR COVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: CFOV (X) Change ( ) Addition  
Name: MCQUISTON, BONNIE  
Address: 14 ALLIGATOR COVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: P (X) Change ( ) Addition  
Name: RICHARDSON, GEORGE  
Address: 70 LEWIS FAIRWAY CT  
City-St-Zip: OAKLAND, TN 38060 US

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: BONNIE MCQUISTON

CFO

01/26/2009

Electronic Signature of Signing Officer or Director

Date