


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000045626**


1. Entity Name  
 SOUTHEAST PACKAGING MACHINERY, INC.



Principal Place of Business      Mailing Address

503 SEMINOLE AVE      POST OFFICE BOX 755  
 MINNEOLA, FL 34755      MINNEOLA, FL 34755

**DO NOT WRITE IN THIS SPACE**



03292005    No Chg-P    CR2E034 (10/03)

4. FFI Number 59-3453797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ASMA, WILLIAM ESQ  
 886 S. DILLARD ST.  
 WINTER GARDEN, FL 34787

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STAGG, PAM PO BOX 755 MINNEOLA, FL 34755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STAGG, K BRENT PO BOX 755 MINNEOLA, FL 34755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRYAN, MARK A PO BOX 755 MINNEOLA, FL 34755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000235497  
 04/09/05-80031-003 150.00

**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:   *Pamela Stagg*        4-5-05    352.394.4597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #