


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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



01062006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
59-3453797 Not Applicable

5. Certificate of Status Desired **\$8.75** 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 reconstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

1100000500324
 04/25/06-80017-017 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

4/6/06 352 394