


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000045626
 1. Entity Name
SOUTHEAST PACKAGING MACHINERY, INC.



Principal Place of Business
 503 SEMINOLE AVE
 MINNEOLA, FL 34755

Mailing Address
 POST OFFICE BOX 755
 MINNEOLA, FL 34755

DO NOT WRITE IN THIS SPACE



03282008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3453797 Applied For
 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

DO NOT WRITE IN THIS SPACE

U00000895650
 04/24/08-80076-012 150.00

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **President** **4/11/08** **352-394-1597**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR c Date Daytime Phone #