

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90554 022 ***150.00

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1. Entity Name
WORLDWIDE PACKING & CRATING, INC.



Principal Place of Business

**5923 RAVENSWOOD ROAD
#G-11
FORT LAUDERDALE, FL 33312-6646 US**

Mailing Address

**113 N. FEDERAL HWY
DANIA, FL 33004 US**

14015279



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0874166

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, GERALD
113 N. FEDERAL HWY
DANIA, FL 33004**

**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 _____

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, 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	P ARMBRUST, MICHAEL L
STREET ADDRESS	813 NW 12TH AVE
CITY-ST-ZIP	DANIA, FL 33004
TITLE NAME	V NEVAD, FRANCIS D
STREET ADDRESS	5037 LAKE BLVD
CITY-ST-ZIP	DELRAY BCH, FL 33484
TITLE NAME	D ADAMS, MARK
STREET ADDRESS	8964 STATE RD 84
CITY-ST-ZIP	DAVIE, FL 33324
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____