

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46887

Entity Name: AVATAR PACKAGING, INC.

FILED  
Jan 08, 2009  
Secretary of State

## Current Principal Place of Business:

5110 IDLEWILD AVENUE  
TAMPA, FL 33634 US

## New Principal Place of Business:

## Current Mailing Address:

5110 WEST IDLEWILD AVENUE  
TAMPA, FL 33634 US

## New Mailing Address:

FEI Number: 59-3062669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAIRBANKS, VANCE D CEOT  
1034 NORMANDY TRACE ROAD  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FAIRBANKS, DENISE M.,  
Address: 1034 NORMANDY TRACE ROAD  
City-St-Zip: TAMPA, FL 33602

Title: VP ( ) Delete  
Name: UPCAVAGE, ROBERT J,  
Address: 16605 HUTCHINSON RD.  
City-St-Zip: ODESSA, FL 33556

Title: CEOT ( ) Delete  
Name: FAIRBANKS, VANCE D, JR  
Address: 1034 NORMANDY TRACE ROAD  
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Delete  
Name: FAIRBANKS, CYNTHIA  
Address: 1309 FISHING LAKE DR  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DENISE M FAIRBANKS

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date