

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90005 019 \*\*\*158.75

**DOCUMENT # S51888**

1. Entity Name  
**ALL PACK, INC.**



**Principal Place of Business**

**8600 JESSE B SMITH CT  
UNIT 2  
JACKSONVILLE, FL 32219 US**

**Mailing Address**

**8600 JESSE B SMITH CT  
UNIT 2  
JACKSONVILLE, FL 32219 US**

**DO NOT WRITE IN THIS SPACE**

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3065169**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KOCH, FLORIAN  
96240 BLACKROCK HAMMOCK  
YULEE, FL 32097**

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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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KOCH, FLORIAN
STREET ADDRESS	96240 BLACKROCK HAMMOCK
CITY- ST- ZIP	YULEE, FL 32097
TITLE	VPST
NAME	KOCH, ROSE C.
STREET ADDRESS	96240 BLACKROCK HAMMOCK
CITY- ST- ZIP	YULEE, FL 32097
TITLE	VP
NAME	HUTCHINSON, JOHN
STREET ADDRESS	96420 BLACKROCK HAMMOCK
CITY- ST- ZIP	YULEE, FL 32097
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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 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

Daytime Phone #