

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S51888

Entity Name: ALL PACK, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3065169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOCH, FLORIAN  
96240 BLACKROCK HAMMOCK  
YULEE, FL 32097 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KOCH, FLORIAN  
Address: 96240 BLACKROCK HAMMOCK  
City-St-Zip: YULEE, FL 32097

Title: VPST  
Name: KOCH, ROSE C.  
Address: 96240 BLACKROCK HAMMOCK  
City-St-Zip: YULEE, FL 32097

I hereby 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 all other like empowered.

SIGNATURE: ROSE C. KOCH

VPST

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date