## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000045626

Address:

City-St-Zip:

**FILED** Feb 02, 2004 Secretary of State

Entity Name: SOUTHEAST PACKAGING MACHINERY, INC. **Current Principal Place of Business: New Principal Place of Business:** POST OFFICE BOX 755 503 SEMINOLE AVE MINNEOLA, FL 34755 MINNEOLA, FL 34755 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 755 MINNEOLA, FL 34755 FEI Number: 59-3453797 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JORDAN, EDWARD PII ASMA, WILLIAM ESQ 13543 EAST HIGHWAY 50 886 S. DILLARD ST. WINTER GARDEN, FL 34787 CLERMONT, FL 34711 US 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: WILLIAM ASMA 02/02/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition STAGG, PAM Name: Name: PO BOX 755 Address: Address: City-St-Zip: MINNEOLA, FL 34755 City-St-Zip: Title: Title: () Delete () Change () Addition STAGG, K BRENT Name: Name: PO BOX 755 Address: Address: MINNEOLA, FL 34755 City-St-Zip: City-St-Zip: Title: Title: () Delete VΡ ( ) Change (X) Addition Name: BRYAN, MARK A Name: PO BOX 755

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

MINNEOLA, FL 34755 US

VΡ SIGNATURE: MARK A. BRYAN 02/02/2004