

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000045626**

1. Entity Name  
**SOUTHEAST PACKAGING MACHINERY, INC.**



Principal Place of Business  
**503 SEMINOLE AVE  
MINNEOLA, FL 34755**

Mailing Address  
**POST OFFICE BOX 755  
MINNEOLA, FL 34755**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3453797**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**ASMA, WILLIAM ESQ  
886 S. DILLARD ST.  
WINTER GARDEN, FL 34787**

**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 re-appointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	STAGG, PAM
STREET ADDRESS	PO BOX 755
CITY-STATE-ZIP	MINNEOLA, FL 34755
TITLE	P
NAME	STAGG, K BRENT
STREET ADDRESS	PO BOX 755
CITY-STATE-ZIP	MINNEOLA, FL 34755
TITLE	VP
NAME	BRYAN, MARK A
STREET ADDRESS	PO BOX 755
CITY-STATE-ZIP	MINNEOLA, FL 34755
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1100000500324  
04/25/06-80017-017 150.00

**DO NOT WRITE  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

4/6/06

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