

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 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**



03282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3453797**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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-ST-ZIP	MINNEOLA, FL 34755
TITLE	P
NAME	STAGG, K BRENT
STREET ADDRESS	PO BOX 755
CITY-ST-ZIP	MINNEOLA, FL 34755
TITLE	VP
NAME	BRYAN, MARK A
STREET ADDRESS	PO BOX 755
CITY-ST-ZIP	MINNEOLA, FL 34755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000895650  
04/24/08-80076-012 150.00

**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 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

*President*

*4/11/08*

DATE

*352-394-1597*

DAYTIME PHONE #