

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 454113

**Entity Name:** A-B-C PACKAGING MACHINE CORPORATION

**Current Principal Place of Business:**

811 LIVE OAK ST.  
TARPON SPRINGS, FL 34689-4137

**Current Mailing Address:**

811 LIVE OAK ST.  
TARPON SPRINGS, FL 34689-4137 US

**FEI Number:** 59-0781810

**Certificate of Status Desired:** Yes

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

NEAL, JAMES L.  
811 LIVE OAK ST  
TARPON SPRINGS, FL 34689 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEOD  
Name            NEAL, JAMES L  
Address        811 LIVE OAK ST  
City-State-Zip: TARPON SPRINGS FL

Title            V  
Name            REICHERT, MICHAEL  
Address        811 LIVE OAK ST  
City-State-Zip: TARPON SPRINGS FL

Title            DS  
Name            NEAL, AUDREY E.  
Address        811 LIVE OAK ST  
City-State-Zip: TARPON SPRINGS FL

Title            T  
Name            JURGENSEN, MICHAEL A  
Address        811 LIVE OAK STREET  
City-State-Zip: TARPON SPRINGS FL

Title            DIRECTOR  
Name            REICHERT, DONALD G  
Address        811 LIVE OAK ST.  
City-State-Zip: TARPON SPRINGS FL

Title            P  
Name            REICHERT, MARK  
Address        811 LIVE OAK STREET  
City-State-Zip: TARPON SPRINGS FL

*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: MICHAEL JURGENSEN**

**TREASURER**

**03/20/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date