2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 394292

1. Entity Name
PACKARD MARINE CORPORATION

Principal Place of Business	Mailing Address
245 C SHORE LINE RD.-LBS BARRINGTON, IL 60010	1011 N. 25TH AVE. MELROSE PARK, IL 60160

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

04262005   Chg-P   CR2E034 (10/03)

4. FEI Number
59-1374650
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: JONES, BROOKS P STREET ADDRESS: 80 NORTHWEST 73RD ST CITY-ST-ZIP: MIAMI, FL 00000,	☒ Delete		TITLE: D NAME: Packard, Ralph L. STREET ADDRESS: 1540 S. Main St. CITY-ST-ZIP: Racine, WI 53403	☐ Change	☒ Addition
TITLE: STD NAME: PACKARD, ALICE E STREET ADDRESS: 1132 CURTISS ST. CITY-ST-ZIP: DOWNERS GROVE, IL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE: PD NAME: PACKARD, LYLE E STREET ADDRESS: 245 C SHORE LINE RD CITY-ST-ZIP: BARRINGTON, IL 00000,	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _Alice E. Packard_   26 Apr 2005   708-343-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #