


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 823134  
 1. Entity Name  
 ASTRO PAK CORPORATION



Principal Place of Business 12201 PANGBORN AVE DOWNEY, CA 90241 US	Mailing Address 12201 PANGBORN AVE DOWNEY, CA 90241 US
--------------------------------------------------------------------------	--------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 95-2578303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DRESSLER, DEAN R 21212 HILLSDALE LANE HUNTINGTON BEACH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROLL, DARYL 12001 SHADY ACRE GARDEN GROVE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERHEYEN, KENNETH S 1501 GALXY NEWPORT BCH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOWELL, TIMOTHY 605 FAIRVIEW DR FRANKLIN, VA 23851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000062174  
 02/23/04-80109-023 150.00

**DO NOT WRITE IN THIS SPACE**

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: Dean R Dressler **DEAN R DRESSLER** 2-1804 (800)743-5444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #