


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90014 046 \*\*\*150.00

<b>DOCUMENT # M71293</b> 1. Entity Name <b>PAK. TEK., INC. OF LAKELAND</b>	
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Principal Place of Business <b>1349 W. OLIVE ST. LAKELAND, FL 33801-4393</b>	Mailing Address <b>1349 W. OLIVE ST. LAKELAND, FL 33801-4393</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>PO BOX 24357</b> Suite, Apt. #, etc.
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01232004 Chg-P CR2E034 (10/03)

City & State <b>LAKELAND FL</b>	4. FEI Number <b>59-2874817</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>338024357</b>	Country <b>POLK</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

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

**WILKEY, CARL**  
**160 S. PENNSYLVANIA AVE.**  
**LAKE ALFRED, FL 33850**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$530.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>WILKEY, CARL</b> <b>160 S. PENNSYLVANIA AVE.</b> <b>LAKE ALFRED, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> <b>ODOM, OWEN</b> <b>6111 YATES RD</b> <b>LAKELAND, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <del>WILKEY, CARL</del> <b>PO BOX 155</b> <b>LAKE ALFRED, FL 33950</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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; changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Carl Wilkey **CARL WILKEY** 1/23/04 863-682-0674  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #