

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33293

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: LABEL TECHNIQUE SOUTHEAST, INC.

**Current Principal Place of Business:**

3377 BILL METZGER LN  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

3377 BILL METZGER LN  
PENSACOLA, FL 32514 US

**New Mailing Address:**

FEI Number: 59-3040234      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HECKLER, DAVID  
4040 CHICKADEE STREET  
MILTON, FL 32583 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: MARTIN, TOM  
Address: 6800 SOUTH 241ST AVE  
City-St-Zip: BROKEN ARROW, OK 74014

Title: TS ( ) Delete  
Name: MARTIN, DEBRA  
Address: 6800 SOUTH 241ST AVE  
City-St-Zip: BROKEN ARROW, OK 74014

Title: P ( ) Delete  
Name: WALLACE, SANDRA J  
Address: 1480 SHOREBIRD TERR  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: HECKLER, DAVID  
Address: 4040 CHICKADEE STREET  
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete  
Name: O'CONNELL, WAYNE  
Address: 11829 SNOWFIELD COURT  
City-St-Zip: TRAVERSE CITY, MI 49686

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: WALLACE, SANDRA J  
Address: 3377 BILL METZGER LANE  
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOAN WALLACE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

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04/26/2005

\_\_\_\_\_ Date