

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90004 022 ***150.00

DOCUMENT # 009434

1. Entity Name
OSLO PACKING COMPANY



Principal Place of Business

C/O J.B. EGAN III
P.O. BOX 1208
VERO BCH, FL 32961

Mailing Address

C/O J.B. EGAN III
P.O. BOX 1208
VERO BCH, FL 32961

50001742



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-0714018

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEXTON, RALPH W
695 S US HWY #1
VERO BCH, FL 32962

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** ☒ Delete
NAME **ALEXANDER, C HEATH**
STREET ADDRESS **1024 QUEENS RD**
CITY-ST-ZIP **CHARLOTTE, NC 28207**

TITLE **D** ☐ Change ☒ Addition
NAME **Alexander, H Heath**
STREET ADDRESS **1715 Beverly Drive**
CITY-ST-ZIP **Charlotte, NC 28207**

TITLE **ST** ☐ Delete
NAME **EGAN, J B III**
STREET ADDRESS **4631 9TH ST**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TRIPSON, JOHN MARK**
STREET ADDRESS **5020 12TH ST.**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **SEXTON, RALPH W**
STREET ADDRESS **RANCH RD**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **SEXTON, CHARLES R**
STREET ADDRESS **4990 11TH LANE**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DALEY, JACQUELINE S.**
STREET ADDRESS **950 BROADWAY**
CITY-ST-ZIP **BELMONT, CA 94002**

TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J.B. Egan III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05
Date

771-561-2101
Daytime Phone #