

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 10, 2006
Secretary of State**

DOCUMENT# 556977

Entity Name: SUNNY SOUTH PACKING COMPANY

Current Principal Place of Business:

218 SOUTH POLK AVENUE
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 550
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 59-0469720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESKEW, LORI
53336 WINEWOOD DRIVE
SARASOTA, FL 34232 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIXON, BOBBY C.,
Address: 1500 SE REYNOLDS ST
City-St-Zip: ARCADIA, FL

Title: VDT () Delete
Name: WIERICHS, RICHARD L.,
Address: 43600 S. LOCKWOOD RIDGE DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: VD () Delete
Name: ESKEW, LORI
Address: 5336 WINEWOOD DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SEC () Change (X) Addition
Name: VOWELS, PAMELA,
Address: 1806 SE KING STREET
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MIXON, BOBBY

PD

05/10/2006

Electronic Signature of Signing Officer or Director

_____ Date