

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90043 022 \*\*\*150.00

**DOCUMENT # 672386**



1. Entity Name  
**SANIBEL PACKING COMPANY, INC.**

Principal Place of Business: 2477 PERIWINKLE WAY, SANIBEL, FL 33957-3279 US  
 Mailing Address: 2477 PERIWINKLE WAY, SANIBEL, FL 33957-3279 US

**40060955**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04112007 Chg-P CR2E034 (12/06)

4. FEI Number: 59-2004129  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
~~BAILEY, FRANCIS P., JR.  
 2477 PERIWINKLE WAY  
 SANIBEL, FL 33957~~ *Delete*

7. Name and Address of New Registered Agent  
 Name: *Sam Bailey*  
 Street Address (P.O. Box Number is Not Acceptable): *2485 Periwinkle Way*  
 City: *Sanibel* FL Zip Code: *33957*

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: *Sam Bailey* (NOTE: Registered Agent signature required when reinstating) DATE:

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTSD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, FRANCIS P, JR	
STREET ADDRESS	2477 PERIWINKLE WAY	
CITY-ST-ZIP	SANIBEL, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAILEY, SAM	
STREET ADDRESS	3103 N JULIA CIR	
CITY-ST-ZIP	TAMPA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sam Bailey	
STREET ADDRESS	2485 Periwinkle Way	
CITY-ST-ZIP	Sanibel Fl.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Sam Bailey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4-11-07* (239)472-1682  
 Daytime Phone #