

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUL 19 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/16/07 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
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State Zip Country	City & State Zip Country
--	--

07132007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2004129	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
---	--

6. Name and Address of Current Registered Agent BAILEY, SAM 2485 PERIWINKLE WAY SANIBEL, FL 33957	7. Name and Address of New Registered Agent Name FRANCIS P BAILEY JR Street Address (P.O. Box Number is Not Acceptable) 2477 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: DATE: **7/12/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
------------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, SAM 2485 PERIWINKLE WAY SANIBEL, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BAILEY, FRANCIS P. JR. 2477 PERIWINKLE WAY SANIBEL FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAILEY, SAM 3103 N. JULIA CIRCLE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employed.

SIGNATURE: Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR