

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 790817	
1. Entity Name FLORIDA CITRUS PACKERS	

Principal Place of Business 302 S. MASSACHUSETTS AVENUE P.O. BOX 1113 LAKELAND, FL 33802	Mailing Address 302 S. MASSACHUSETTS AVENUE P.O. BOX 1113 LAKELAND, FL 33802
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02172008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0907251	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KINNEY, RICHARD 302 S MASS AVE SUITE 203 LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$61.25
Due by May 1, 2006**

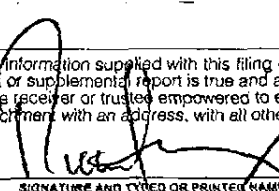
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

DATE
03/07/06-80061-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CROCKER, LES 3975 20TH ST, STE K VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALLIN, MICHAL 7838 CHERRY LAKE RD GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAULDEN, T. WAYNE SR P.O. BOX 1005 LAKE PLACID, FL 33862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STREETMAN, GEORGE H PO BOX 880 VERO BEACH, FL 32961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD KINNEY, RICHARD J P.O. BOX 1113 LAKELAND, FL 338021113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:  **Richard J. Kinney** 2/20/06 863 682-0451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #