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	Mailing Address
302 S. MASSACHUSETTS AVENUE P.O. BOX 1113 LAKELAND, FL 33802	302 S. MASSACHUSETTS AVENUE P.O. BOX 1113 LAKELAND, FL 33802

02172006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-0907251
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KINNEY, RICHARD
302 S MASS AVE
SUITE 203
LAKELAND, FL 33801

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

U00000445741
03/07/06-80061-011 61.25

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	CROCKER, LES
STREET ADDRESS	3975 20TH ST, STE K
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	VPD
NAME	SALLIN, MICHAL
STREET ADDRESS	7836 CHERRY LAKE RD
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	STD
NAME	MAULDEN, T. WAYNE SR
STREET ADDRESS	P.O. BOX 1005
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	PD
NAME	STREETMAN, GEORGE H
STREET ADDRESS	PO BOX 880
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	MD
NAME	KINNEY, RICHARD J
STREET ADDRESS	P.O. BOX 1113
CITY-ST-ZIP	LAKELAND, FL 338021113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 2/20/06 863 682-0151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #