

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90008 019 \*\*\*150.00

**DOCUMENT # 130754**

1. Entity Name

**EDWARDS PACKING COMPANY**



Principal Place of Business

**1345 INDUSTRIAL PARK RD  
MULBERRY FL 33860  
US**

Mailing Address

**P.O. BOX 7340  
LAKELAND FL 33807  
US**



2. Principal Place of Business - No P.O. Box #

**120 E. Pine Street**

3. Mailing Address

**P. O. Box 2837**

Suite, Apt. #, etc.

**Suite 4**

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

**Lakeland, FL**

City & State

**Lakeland, FL**

4. FEI Number

**59-0526935**

Applied For

Not Applicable

Zip

**33801**

Country

**USA**

Zip

**33806**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EDWARDS, DAVID L  
2609 NEVADA RD.  
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 info if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
EDWARDS, MICHAEL L.  
4804 RIVERVIEW BL., W.  
BRADENTON FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
EDWARDS, DAVID L  
2609 NEVADA RD  
LAKELAND FL 33803** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X** *David L. Edwards* **David L. Edwards**

**2/20/07**

**863 682-8196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #