

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90223 021 ***150.00

DOCUMENT # 132726 1. Entity Name INDIAN RIVER PACKING COMPANY					
Principal Place of Business 4790 N OLD DIXIE HWY VERO BEACH, FL 32967			Mailing Address PO BOX 846 VERO BEACH, FL 32961-0846		
2. Principal Place of Business 865 20th Place		3. Mailing Address			
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State			
Zip 32960	Country Indian River	Zip	Country		
6. Name and Address of Current Registered Agent BARNES, JR T M 4790 N OLD DIXIE HWY P O BOX 846 VERO BEACH, FL 32967			7. Name and Address of New Registered Agent Name Thomas M. Barnes, Jr. Street Address (P.O. Box Number is Not Acceptable) 865 20th Place, Suite 1 City Vero Beach FL Zip Code 32960		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PTD BARNES, THOMAS M JR 5100-20TH ST. P.O. BOX 846 NA VERO BEACH, FL 32961	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SPARKS, SALLY 1886 4TH LANE VERO BEACH, FL 32962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Mary Ann Barnes Brennan 5100 20th Street Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D	<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 empowered.					
SIGNATURE: <u>Thomas M. Barnes, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/14/06 772-569-1163 <small>Date Daytime Phone #</small>			

50002956



02062006 Chg-P CR2E034 (11/05)

4. FEI Number **59-0385920** Applied For ☐ Not Applicable ☐

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