

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # 159662

1. Entity Name
GROVE FRUIT PACKING CO., INC.



Principal Place of Business

**1143 S. KANSAS AVE.
GROVELAND, FL 34736**

Mailing Address

**POST OFFICE BOX 8
GROVELAND, FL 34736 US**



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0603778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GERACI, JANE
1143 S. KANSAS AVENUE
GROVELAND, FL 34736**

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GERACI, JANE
STREET ADDRESS 1143 SOUTH KANSAS AVE
CITY-ST-ZIP GROVELAND, FL 34736

TITLE SD
NAME GERACI, MICHELE
STREET ADDRESS 9940 CHERRY HILLS AVENUE CIRCLE
CITY-ST-ZIP BRADENTON, FL 34202

TITLE VD
NAME GERACI, RUDY
STREET ADDRESS 1143 S. KANSAS AVE.
CITY-ST-ZIP GROVELAND, FL 34736

TITLE TD
NAME GERACI, ANITA
STREET ADDRESS 1114 S MAIN AVE
CITY-ST-ZIP GROVELAND, FL 34736

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000409155
02/08/06-80088-006 150.00

**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 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:

Jane Geraci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06
Date

352-429-2992
Daytime Phone #