2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 159662

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

Principal Place of Business	Mailing Address
1143 S. KANSAS AVE. GROVELAND, FL 34736	POST OFFICE BOX 8 GROVELAND, FL 34736 US

01062007 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

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	

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01/24/07-80032-006 150.00

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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 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 Jane Geraci 1/15/07 352-429-2992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #