

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # 167778

1. Entity Name
ST. GEORGE PACKING COMPANY, INC.

Principal Place of Business
**5340 WILLIAMS DR
FT. MYERS BEACH, FL 33931 US**

Mailing Address
**P.O. BOX 2670
FT. MYERS BEACH, FL 33932 US**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0665203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHAHER, LAWRENCE W
5340 WILLIAMS DR.
FT. MYERS BEACH, FL 33931-1026**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SHAHER, LAWRENCE W
STREET ADDRESS	5340 WILLIAMS DR
CITY-STATE-ZIP	FT MYERS BEACH, FL

TITLE	PD
NAME	SHAHER, JOHN L.
STREET ADDRESS	15054 BONAIRE CIR S.W.
CITY-STATE-ZIP	FT MYERS, FL

TITLE	SD
NAME	SHAHER, MABEL F.
STREET ADDRESS	5340 WILLIAMS DR.
CITY-STATE-ZIP	FT. MYERS BEACH, FL

TITLE	TD
NAME	SHAHER, CYNTHIA J.
STREET ADDRESS	15054 BONAIRE CIR S.W.
CITY-STATE-ZIP	FT. MYERS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/20/04-80055-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lawrence W. Shafer **LAWRENCE W. SHAHER-VP1-14-04 463-9183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #