2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 180936

1. Entity Name

G. & S. PACKING CO., INC.



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

16600 SOUTH HIGHWAY 25 POST OFFICE BOX 157 WEIRSDALE, FL 32195-0157 Mailing Address

16600 SOUTH HIGHWAY 25 POST OFFICE BOX 157 WEIRSDALE, FL 32195-0157



DO NOT WRITE IN THIS SPACE

01052006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-0720585

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCALES, GEORGE 16600 SOUTH HIGHWAY 25 C/O G&S PACKING CO., INC. WEIRSDALE, FL 32195

DO NOT WRITE IN THIS SPACE

112,1,00,1					
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 Finant Trust Fund Contribution.			cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCALES, GEORGE 16600 S HWY 25 PO BOX 157 WEIRSDALE, FL 32195				U00000530112 05/05/06-80105-004 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCALES, KEY III 16600 SOUTH HIGHWAY 25, PO BOX WEIRSDALE, FL 32195	C 157	.';		
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/no/06 352-821

Daytime Phone #