2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 198433

1. Entity Name
SORRELLS BROS. PACKING CO., INC.

Principal Place of Business	Mailing Address
1192 NE LIVINGTON ST. ARCADIA, FL 34266	PO BOX 551 ARCADIA, FL 34265-0551

DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0812179

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SORIA, G CRAIG
2201 RINGLING BLVD
STE 102
SARASOTA, FL 34237

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000390396
01/23/06-80023-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SORRELLS, BETSY
STREET ADDRESS	6923 NW STATE 661
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	V
NAME	SORIA, CRAIG
STREET ADDRESS	4375 BRANDYWINE DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	P
NAME	SORIA, LEDANE
STREET ADDRESS	4375 BRANDYWINE DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	ST
NAME	SORRELLS, STEVE
STREET ADDRESS	6923 N.W. STATE 661
CITY-ST-ZIP	ARCADIA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steve Sorrells 01/17/2006 863 494-30[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #