

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90008 022 \*\*\*150.00

**DOCUMENT # 198433**

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



Principal Place of Business  
1192 NE LIVINGSTON ST.  
ARCADIA, FL 34266

Mailing Address  
PO BOX 551  
ARCADIA, FL 34265-0551

40034513



02252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0812179

Applied For

Not Applicable

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name  
SORIA, G. CRAIG  
Street Address (P.O. Box Number is Not Acceptable)  
2201 RINGLING BLVD, SUITE 103

City  
SARASOTA

FL

Zip Code  
34237

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SORRELLS, BETSY  
STREET ADDRESS 6923 NW STATE 661  
CITY-ST-ZIP ARCADIA, FL 34266

TITLE V ☐ Delete  
NAME SORIA, CRAIG  
STREET ADDRESS 4375 BRANDYWINE DR  
CITY-ST-ZIP SARASOTA, FL

TITLE P ☐ Delete  
NAME SORIA, LEDANE  
STREET ADDRESS 4375 BRANDYWINE DR  
CITY-ST-ZIP SARASOTA, FL

TITLE ST ☐ Delete  
NAME SORRELLS, STEVE  
STREET ADDRESS 6923 N.W. STATE 661  
CITY-ST-ZIP ARCADIA, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Steve Sorrells*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2008  
Date

863-494-3064  
Daytime Phone #

STEVE SORRELLS