

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 198433

FILED
Feb 18, 2009
Secretary of State

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

Current Principal Place of Business:

1192 NE LIVINGTON ST.
ARCADIA, FL 34266

New Principal Place of Business:

1192 NE LIVINGTON ST
ARCADIA, FL 34266

Current Mailing Address:

PO BOX 551
ARCADIA, FL 342650551

New Mailing Address:

PO BOX 551
ARCADIA, FL 34265

FEI Number: 59-0812179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORIA, CRAIG G
2201 RINGLING BLVD, SUITE 103
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

SORIA, G. CRAIG
2201 RINGLING BLVD,
SUITE 103
SARASOTA, FL 34237 US

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.

SIGNATURE: G. CRAIG SORIA

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SORRELLS, BETSY
Address: 6923 NW STATE 661
City-St-Zip: ARCADIA, FL 34266

Title: V () Delete
Name: SORIA, CRAIG,
Address: 4375 BRANDYWINE DR
City-St-Zip: SARASOTA, FL

Title: P () Delete
Name: SORIA, LEDANE,
Address: 4375 BRANDYWINE DR
City-St-Zip: SARASOTA, FL

Title: ST () Delete
Name: SORRELLS, STEVE,
Address: 6923 N.W. STATE 661
City-St-Zip: ARCADIA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SORIA, G. CRAIG,
Address: 4375 BRANDYWINE DR
City-St-Zip: SARASOTA, FL 34241

Title: P (X) Change () Addition
Name: SORIA, LEDANE,
Address: 4375 BRANDYWINE DR
City-St-Zip: SARASOTA, FL 34241

Title: ST (X) Change () Addition
Name: SORRELLS, STEVE,
Address: 6923 NW STATE 661
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE SORRELLS

ST

02/18/2009

Electronic Signature of Signing Officer or Director

Date