

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 257057

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: THE PACKERS OF INDIAN RIVER, INC.

**Current Principal Place of Business:**

5700 W MIDWAY ROAD  
FORT PIERCE, FL 34981

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12969  
FT. PIERCE, FL 349792969 US

**New Mailing Address:**

FEI Number: 59-0953527      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROGERS, JAMES L  
5700 W MIDWAY ROAD  
FT. PIERCE, FL 34981      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: ROGERS, JAMES L. III,  
Address: 200 COCONUT PALM RD.  
City-St-Zip: VERO BCH., FL 32963 US

Title: D ( ) Delete  
Name: JOHNSON, SUE ROGERS,  
Address: 7380 WILDERCLIFF DR.  
City-St-Zip: ATLANTA, GA 30328 US

Title: PD ( ) Delete  
Name: GARAVAGLIA, MICHAEL J JR  
Address: 2221 E OCEAN OAKS LN  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: MICHAEL J GARAVAGLIA JR

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date