

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 257633**

1. Entity Name  
**SIX L'S PACKING COMPANY, INC.**



Principal Place of Business  
**315 EAST NEW MARKET ROAD  
IMMOKALEE, FL 34142 US**

Mailing Address  
**POST OFFICE BOX 3088  
IMMOKALEE, FL 34143 US**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1025845** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WEISINGER, SHERYL A  
315 E. NEW MARKET ROAD  
IMMOKALEE, FL 33999**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000090869  
03/17/04-80040-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
WEISINGER, SHERYL A  
315 E NEW MARKET ROAD  
IMMOKALEE, FL 34142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
DESSAK, PETER  
315 E NEW MARKET ROAD  
IMMOKALEE, FL 34142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
GUNN, BLAKE  
315 E NEW MARKET ROAD  
IMMOKALEE, FL 34142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

*Sheryl A Weisinger*  
**SHERYL A WEISINGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**239-6524421**  
Daytime Phone #