

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 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**



01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1025845

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000825115
02/20/08-80104-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 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	V PRESS, MAX 315 E NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEISINGER, JAIME 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PURSE, TOBY K 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/08

239-657-4421