
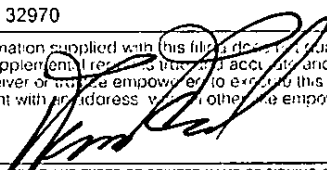


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90092 035 ***158.75

DOCUMENT # 329954 1. Entity Name UNITED INDIAN RIVER PACKERS, INC.					
Principal Place of Business 4310 77TH STREET WABASSO, FL 32970 US			Mailing Address 4310 77TH STREET WABASSO, FL 32970 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KENNEDY, KENNETH P 4310 77TH STREET WABASSO, FL 32970				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent's signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, KENNETH P		NAME		
STREET ADDRESS	4310 77TH STREET		STREET ADDRESS		
CITY- ST- ZIP	WABASSO, FL 32970		CITY- ST- ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, THOMAS P		NAME		
STREET ADDRESS	4310 77TH STREET		STREET ADDRESS		
CITY- ST- ZIP	WABASSO, FL 32970		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, CLYDE U.		NAME		
STREET ADDRESS	4310 77TH STREET		STREET ADDRESS		
CITY- ST- ZIP	WABASSO, FL 32970		CITY- ST- ZIP		
TITLE	ATD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLBROOK, SUE K.		NAME		
STREET ADDRESS	4310 77TH STREET		STREET ADDRESS		
CITY- ST- ZIP	WABASSO, FL 32970		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, SARA C		NAME		
STREET ADDRESS	4310 77TH STREET		STREET ADDRESS		
CITY- ST- ZIP	WABASSO, FL 32970		CITY- ST- ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, NANNIE LOU		NAME		
STREET ADDRESS	4310 77TH STREET		STREET ADDRESS		
CITY- ST- ZIP	WABASSO, FL 32970		CITY- ST- ZIP		
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 that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, name, or other information empowered.					
SIGNATURE: 			4/29/05 772-589-4387		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					