

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # 337402 1. Entity Name HARLLEE PACKING, INC.	
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Principal Place of Business 2308 US HIGHWAY 301 NORTH PALMETTO, FL 34221	Mailing Address P.O. BOX 8 PALMETTO, FL 34220
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04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1224354	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARLLEE, JOHN P IV 2308 US HWY 301N PALMETTO, FL 34221
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**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.

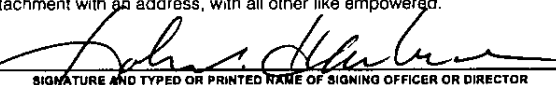
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HARLLEE, JOHN P IV
STREET ADDRESS	2308 HWY 301 N.
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	ST
NAME	WHISENANT, R B
STREET ADDRESS	SR 62 EAST
CITY-ST-ZIP	PARRISH, FL
TITLE	CD
NAME	HUNSADER, MICHAEL
STREET ADDRESS	6320 205TH ST E
CITY-ST-ZIP	BRADENTON, FL 34211
TITLE	VD
NAME	WHISENANT, RB JR
STREET ADDRESS	4511 PINFISH LANE
CITY-ST-ZIP	PALMETTO, FL 34221
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 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
JOHN P. HARLEE IV

Date: **4/25/08** Daytime Phone #: **(941) 722-774**