2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 337402

1. Entity Name
HARLLEE PACKING, INC.

Principal Place of Business	Mailing Address
2308 US HIGHWAY 301 NORTH PALMETTO, FL 34221	P.O. BOX 8 PALMETTO, FL 34220

04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1224354
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARLLEE, JOHN P IV
2308 US HWY 301N
PALMETTO, FL 34221

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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	

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05/21/08-80049-008 150.00

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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: John P. Harllee IV 4/25/08 (941) 722-7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #