2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 337402

WHISENANT, RB JR

4511 PINFISH LANE

PALMETTO, FL 34221

Name:

Address:

City-St-Zip:

FILED Apr 02, 2009 Secretary of State

| Entity Nar | ne: HARLL | EE PACKING, | INC. | | | | | |
|---|--|------------------|----------------------|--|---|-------------|------------------|---------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
| | IGHWAY 30 O, FL 34221 | | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| P.O. BOX 8 | 3 O, FL 34220 |) | | | | | | |
| FEI Number: | 59-1224354 | FEI Number | Applied For () | FEI Number Not Appli | cable () | Certifica | ate of Status De | sired () |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | | |
| 2308 US H | JOHN P IV WY 301N D, FL 34221 | US | | | | | | |
| The above in the State | named entit of Florida. | y submits this s | statement for the pu | rpose of changing it | s registered | office or r | egistered age | ent, or both, |
| SIGNATUR | RE: | | | | | | | |
| | Electr | onic Signature | of Registered Ager | t | | | Date | |
| Election Can | npaign Financ | ing Trust Fund C | ontribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | |
| Title: Name: Address: City-St-Zip: | PD HARLLEE, Jo 2308 HWY 3 PALMETTO, | 01 N. | | Title: Name: Address: City-St-Zip: | (|) Change | () Addition | |
| Title: Name: Address: City-St-Zip: | ST WHISENANT SR 62 EAST PARRISH, FI | | | Title: Name: Address: City-St-Zip: | ST (X WHISENANT, 19725 SR 62 PARRISH, FL | R B EAST | () Addition | |
| Title: Name: Address: City-St-Zip: | CD HUNSADER, 6320 205TH BRADENTON | ST E | | Title: Name: Address: City-St-Zip: | (|) Change | () Addition | |
| Title: | VD | () Delete | | Title: | VD (| K) Change | () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

WHISENANT, R B JR

4511 PINFISH LANE

PALMETTO, FL 34221

SIGNATURE: JOHN P HARLLEE IV PD 04/02/2009