

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 405461

FILED
May 06, 2005
Secretary of State

Entity Name: QUALITY FRUIT PACKERS OF INDIAN RIVER, INC.

Current Principal Place of Business:

4425 N US 1
VERO BCH, FL 32967 US

New Principal Place of Business:

Current Mailing Address:

4425 N US 1
VERO BCH, FL 32967 US

New Mailing Address:

FEI Number: 59-1408410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANACK, SIDNEY M
6125 ATLANTIC BLVD
VERO BCH, FL 32962 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESTES, WILLIAM C
Address: 3705 20TH ST.
City-St-Zip: VERO BCH., FL 32960

Title: SD () Delete
Name: BANACK, SIDNEY M JR.
Address: 6125 ATLANTIC BLVD.
City-St-Zip: VERO BCH., FL 32966

Title: VSD () Delete
Name: BANACK, WILTON RUSSELL
Address: 6075 ATLANTIC BLVD.
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: W. CODY ESTES, SR.

PRES

05/06/2005

Electronic Signature of Signing Officer or Director

Date