2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # 405461

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

Principal Place of Business	Mailing Address
4425 N US 1 VERO BCH, FL 32967 US	4425 N US 1 VERO BCH, FL 32967 US

02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1408410
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 Wilton R. Banack, Vice-Pres./Sec. 4/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	ESTES, WILLIAM C
STREET ADDRESS	3705 20TH ST.
CITY-ST-ZIP	VERO BCH., FL 32960
TITLE	SD
NAME	BANACK, SIDNEY M JR.
STREET ADDRESS	6125 ATLANTIC BLVD.
CITY-ST-ZIP	VERO BCH., FL 32966
TITLE	VSD
NAME	BANACK, WILTON RUSSELL
STREET ADDRESS	6075 ATLANTIC BLVD.
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000703484
04/20/07-80140-025 150.00

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: 4/2/07 (772) 569-5022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #