

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90085 043 ***150.00

DOCUMENT # 458531

1. Entity Name
EMERALD PACKING COMPANY, INC.



Principal Place of Business
**2823 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 US**

Mailing Address
**P. O. BOX 547914
ORLANDO, FL 32854-7914 US**

24002958



01062004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1543149

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, WILLIAM C III
AKERMAN, SENTERFITT & EIDSON, P.A.
255 S ORANGE AVE, 1ST STATE TOWER 10TH FL
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **FRANKLIN T WALDEN**
Street Address (P.O. Box Number is Not Acceptable) **1936 LEE RD, SUITE 100**
City **WINTER PARK, FL** Zip Code **32789**

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 **FRANKLIN T. WALDEN**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **1/12/04**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALBERTSON, DAVID	
STREET ADDRESS	55 TRISMEN TER	
CITY-ST-ZIP	WINTER PARK, FL 0,	
TITLE	DP	<input type="checkbox"/> Delete
NAME	AROST, STUART L.	
STREET ADDRESS	892 OSCEOLA AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AROST, HELENE	
STREET ADDRESS	2132 COMPANERO AVE	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Stuart L Arost

STUART L AROST

1/14/2004

907-423-0531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #