

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 458531

1. Entity Name  
EMERALD PACKING COMPANY, INC.



FILED

06 AUG 10 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08072006

Chg-P

CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

WALDEN, FRANKLIN T  
1936 LEE ROAD, STE 100  
WINTER PARK, FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME ALBERTSON, DAVID  
STREET ADDRESS 55 TRISMEN TER  
CITY-ST-ZIP WINTER PARK, FL 0,

TITLE DV, Sec/TRES ☐ Change ☒ Addition  
NAME JON E. AROST  
STREET ADDRESS 892 OSCEOLA AVE.  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE DP ☐ Delete  
NAME AROST, STUART L.  
STREET ADDRESS 892 OSCEOLA AVE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE DV, asst Sec / asst TRES ☐ Change ☒ Addition  
NAME MICHAEL A. AROST  
STREET ADDRESS 892 OSCEOLA AVE.  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE DV ☒ Delete  
NAME AROST, HELENE  
STREET ADDRESS 2132 COMPANERO AVE  
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500078760006  
08/16/06--01011--020 \*\*61.25

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Stuart L. Arost*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/2006

407-423-0531

Date

Daytime Phone #