


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 535380 1. Entity Name PACKERS ACQUISITION CO.	
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Principal Place of Business 1601 MCCLOSKEY TAMPA, FL 33605	Mailing Address 1601 MCCLOSKEY TAMPA, FL 33605
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1874893	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARKETT, KENNETH D
1601 MCCLOSKEY BLVD
TAMPA, FL 33605

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARKETT, HARRY J. 1601 MCCLOSKEY BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BARKETT, KENNETH D. 1601 MCCLOSKEY BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BARKETT, ANTHONY 1601 MCCLOSKEY BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT BARKETT, RICHARD 1601 MCCLOSKEY BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/26/07-80098-013 1143.75

**DO NOT WRITE
IN THIS SPACE**

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:  **1/9/07** **803 278-1988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #