

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 535380

1. Entity Name
PACKERS ACQUISITION CO.



FILED

08 FEB 18 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1601 MCCLOSKEY
TAMPA, FL 33605

Mailing Address

1601 MCCLOSKEY
TAMPA, FL 33605



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1874893

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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, 2008 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 BARKETT, HARRY J.
STREET ADDRESS 1601 MCCLOSKEY BLVD.
CITY-ST-ZIP TAMPA, FL

TITLE AS
NAME BARKETT, KENNETH D.
STREET ADDRESS 1601 MCCLOSKEY BLVD.
CITY-ST-ZIP TAMPA, FL

TITLE VSD
NAME BARKETT, ANTHONY
STREET ADDRESS 1601 MCCLOSKEY BLVD.
CITY-ST-ZIP TAMPA, FL

TITLE AT
NAME BARKETT, RICHARD
STREET ADDRESS 1601 MCCLOSKEY BLVD.
CITY-ST-ZIP TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300121222667
03/25/08--01042--001 **1100.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/08

813 248-1968