


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90065 001 \*\*\*450.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # 556977</b><br>1. Entity Name<br><b>SUNNY SOUTH PACKING COMPANY</b>  |  |  |  |  |  |
| Principal Place of Business<br><b>218 SOUTH POLK<br/>ARCADIA, FL 33821 US</b>   |  |  | Mailing Address<br><b>PO BOX 550<br/>ARCADIA, FL 33821 US</b>  |   |  |
| 2. Principal Place of Business<br><b>218 S. Polk Avenue</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>P.O. Box 550</b><br>Suite, Apt. #, etc. |  |   |  |
| City & State<br><b>Arcadia, FL</b>  |  | City & State<br><b>Arcadia, FL</b>                               |  |   |  |
| Zip<br><b>34266</b>   | Country<br><b>US</b>   | Zip<br><b>34265</b>  | Country<br><b>US</b>   | 4. FEI Number<br><b>59-0469720</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SUMMERALL, ROBERT L JR<br/>2418 SE AIRPORT RD<br/>ARCADIA, FL 33821</b>   |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                      |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>MIXON, BOBBY C.<br>1500 SE REYNOLDS ST<br>ARCADIA, FL        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP/D<br>Lori Eskew<br>5336 Winewood Drive<br>Sarasota, FL 34232                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VDT<br>SUMMERALL, ROBERT L JR<br>2418 SE AIRPORT RD<br>ARCADIA, FL |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>WIERCHS, JAMES R -<br>3664 TAROE PLACE<br>SARASOTA, FL       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change Addition   |  |
| 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: <u>Robert L Summerall Jr</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | 2-23-04 863-494-1551<br><small>Date Daytime Phone #</small>  |   |  |