

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90333 001 ***450.00

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1. Entity Name
SUNNY SOUTH PACKING COMPANY



Principal Place of Business
**218 SOUTH POLK AVENUE
ARCADIA, FL 34266 US**

Mailing Address
**PO BOX 550
ARCADIA, FL 34265 US**

66012741



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0469720

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

**ESKEW, LORI
53336 WINEWOOD DRIVE
SARASOTA, FL 34232**

**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, 2007 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	MIXON, BOBBY C.
STREET ADDRESS	1500 SE REYNOLDS ST
CITY-ST-ZIP	ARCADIA, FL
TITLE	VDT
NAME	WIERICHS, RICHARD L.
STREET ADDRESS	43600 S. LOCKWOOD RIDGE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	VD
NAME	ESKEW, LORI
STREET ADDRESS	5336 WINEWOOD DRIVE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	SEC
NAME	VOWELS, PAMELA
STREET ADDRESS	1806 SE KING STREET
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Lori Eskew

Lori Eskew, V.P.

4-17-07

863-494-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #