

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 790817

1. Entity Name
FLORIDA CITRUS PACKERS



Principal Place of Business
**302 S. MASSACHUSETTS AVENUE
P.O. BOX 1113
LAKELAND, FL 33802**

Mailing Address
**302 S. MASSACHUSETTS AVENUE
P.O. BOX 1113
LAKELAND, FL 33802**

DO NOT WRITE IN THIS SPACE



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-0907251

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KINNEY, RICHARD
302 S MASS AVE
SUITE 203
LAKELAND, FL 33801**

**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.

X **Richard J. Kinney**
SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CROCKER, LES
3975 20TH ST, STE K
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SALLIN, MICHAEL
7836 CHERRY LAKE RD
GROVELAND, FL 34738**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MAULDEN, T. WAYNE SR
P.O. BOX 1005
LAKE PLACID, FL 33862**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STREETMAN, GEORGE H
PO BOX 880
VERO BEACH, FL 32961**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MD
KINNEY, RICHARD J
P.O. BOX 1113
LAKELAND, FL 338021113**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000590807
01/18/07-80070-020 61.25

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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 617, 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

Richard J. Kinney

Date

1/12/07

Daytime Phone #

**863
682-0151**