


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 807706 1. Entity Name THE MANCINI PACKING COMPANY	
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Principal Place of Business 3500 MANCINI PLACE ZOLFO SPRINGS, FL 33890 US	Mailing Address PO BOX 157 ZOLFO SPRINGS, FL 33890 US
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-0438946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANCINI, ALAN F
 5019 LAKE IN THE WOODS BLVD
 LAKELAND, FL 33813

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	PCEO MANCINI, FRANK J 3237 E MAIN ST WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANCINI, ANTHONY D MD 248 COSEY BEACH AVE EAST HAVEN, CT 06512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANCINI, DANIEL 144 BEECHWOOD DR. SOUTHINGTON, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANCINI, J. D. MD 354 SYLVAN DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANCINI, ALAN 5019 LAKE IN THE WOODS BLVD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/05-80041-005 150.00

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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:  2-8-05 863 735 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #