

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807706

FILED
Jan 14, 2008
Secretary of State

Entity Name: THE MANCINI PACKING COMPANY

Current Principal Place of Business:

3500 MANCINI PLACE
ZOLFO SPRINGS, FL 33890 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 157
ZOLFO SPRINGS, FL 33890 US

New Mailing Address:

FEI Number: 06-0438946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MANCINI, FRANK J,
Address: 3237 E MAIN ST
City-St-Zip: WAUCHULA, FL

Title: TD () Delete
Name: MANCINI, ANTHONY D MD
Address: 248 COSEY BEACH AVE
City-St-Zip: EAST HAVEN, CT 06512

Title: D () Delete
Name: MANCINI, DANIEL
Address: 144 BEECHWOOD DR.
City-St-Zip: SOUTHLINGTON, CT

Title: D () Delete
Name: MANCINI, J. D. MD
Address: 354 SYLVAN DR
City-St-Zip: WINTER PARK, FL 32789

Title: P () Delete
Name: MANCINI, ALAN
Address: 5019 LAKE IN THE WOODS BLVD
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MANCINI, FRANK J,
Address: 3237 E MAIN ST
City-St-Zip: WAUCHULA, FL 33890

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN MANCINI

Electronic Signature of Signing Officer or Director

P

01/14/2008

Date