

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000000445

1. Entity Name
SENECA FOODS CORPORATION



Principal Place of Business
**3736 SOUTH MAIN STREET
MARION, NY 14505**

Mailing Address
**3736 SOUTH MAIN STREET
MARION, NY 14505**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-0733425

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORTENSEN, SARAH S
1605 MAIN ST.
SUITE 1010
SARASOTA, FL 34236**

**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, 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
**C
WOLCOTT, A S
1690 HARBORSOUND DRIVE
LONG BOAT KEY, FL 34228**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KAYSER, K H
50 GEORGIAN COURT
ROCHESTER, NY 14610**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VF
PARAS, P G
31 CIRCLEWOOD ROAD
ROCHESTER, NY 14625**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CSAT
VAN RIPER, J L
76 GANNETT ROAD
FARMINGTON, NY 14425**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
MORTENSEN, S S
1605 MAIN STREET, SUITE 1010
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRADY, R T
MOOGM INC.
EAST AURORA, NY 14052**

000000224738
02/11/05-80010-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #