2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000000445

1. Entity Name
SENECA FOODS CORPORATION

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

DO NOT WRITE IN THIS SPACE

02102006 No Chg-P CR2E034 (11/05)

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

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	WOLCOTT, A S
STREET ADDRESS	1690 HARBORSOUND DRIVE
CITY-ST-ZIP	LONG BOAT KEY, FL 34228
TITLE	P
NAME	KAYSER, K H
STREET ADDRESS	50 GEORGIAN COURT
CITY-ST-ZIP	ROCHERSTE, NY 14610
TITLE	VF
NAME	PARAS, P G
STREET ADDRESS	31 CIRCLEWOOD ROAD
CITY-ST-ZIP	ROCHESTER, NY 14625
TITLE	CSAT
NAME	VAN RIPER, J L
STREET ADDRESS	76 GANNETT ROAD
CITY-ST-ZIP	FARMINGTON, NY 14425
TITLE	AS
NAME	MORTENSEN, S S
STREET ADDRESS	1605 MAIN STREET, SUITE 1010
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	BRADY, R T
STREET ADDRESS	# MOOGM INC.
CITY-ST-ZIP	EAST AURORA, NY 14052

U00000484350
04/12/06-80037-002 300.00

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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: X _____ 2/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #