2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# P00000107241

Entity Name: PACKERS SUPPLY COMPANY, INC.

Current Principal Place of Business:

1000 N 2ND ST.
FT. PIERCE, FL 34948

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3510
FT. PIERCE, FL 34948

New Mailing Address:

FEI Number: 65-1073063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: DP ( ) Delete
Name: LEWIS, RICK L
Address: 2018 BREVARD ROAD
City-St-Zip: HIGH POINT, NC 27263

Title: D ( ) Delete
Name: BELL, TED T
Address: 100 ROGERS BRIDGE ROAD
City-St-Zip: DUNCAN, SC 29334

Title: C ( ) Delete
Name: BELL, H NEILL
Address: 2018 BREVARD ROAD
City-St-Zip: HIGH POINT, NC 27263

Title: VP ( ) Delete
Name: STROUD, GURNEY L III
Address: 2018 BREVARD ROAD
City-St-Zip: HIGH POINT, NC 27263

Title: ST ( ) Delete
Name: KEMP, GLENDA
Address: 2018 BREVARD ROAD
City-St-Zip: HIGH POINT, NC 27263

Title: GM ( ) Delete
Name: MCGEE, JOHN M
Address: 1000 N 2ND STREET
City-St-Zip: FORT PIERCE, FL 34948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JOHN M. MCGEE GM 01/28/2009

Electronic Signature of Signing Officer or Director — Date