

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # P01000110609

1. Entity Name
FLORIDA CITY PACKERS, INC.



Principal Place of Business
**25250 S W 145 AVENUE
HOMESTEAD, FL 33032**

Mailing Address
**25250 S W 145 AVENUE
HOMESTEAD, FL 33032**



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1153383	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SIZEMORE, JOHN W
25250 S W 145 AVENUE
HOMESTEAD, FL 33032**

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P SIZEMORE, JOHN W 18850 S W 216 STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KONSKY, KENETH 28243 SW 158 CT HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/25/07-80045-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

305 796-7104

Daytime Phone #