

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000110609

**Entity Name:** FLORIDA CITY PACKERS, INC.

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

90 NW 15TH STREET  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

90 NW 15TH STREET  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 65-1153383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIZEMORE, JOHN W  
20760 SW 296 STREET  
HOMESTEAD, FL 33030 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SIZEMORE, JOHN W  
Address: 20760 SW 296 STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: V  
Name: KONSKY, KENNETH  
Address: 28243 SW 158 CT  
City-St-Zip: HOMESTEAD, FL 33033

I hereby 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 all other like empowered.

SIGNATURE: JOHN SIZEMORE

PRES

01/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date