

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG 25 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000125601</b>		
1. Entity Name <b>HARVEST PAK FOODS CORPORATION</b>		

Principal Place of Business <b>8951 BONITA BEACH RD, NO. 525-309 BONITA SPRINGS, FL 34135</b>	Mailing Address <b>8951 BONITA BEACH RD, NO. 525-309 BONITA SPRINGS, FL 34135</b>
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2. Principal Place of Business <b>9910 Bavaria Road</b>	3. Mailing Address <b>6900-29 Daniels Pkwy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>PMB-133</b>

08232004 Chg-P CR2E034 (10/03)

City & State <b>Ft. Myers, FL</b>	City & State <b>Fort Myers, FL</b>	4. FEI Number <b>55-0809420</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33913</b>	Country <b>USA</b>	Zip <b>33912</b>	Country <b>USA</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**DURANT, MICHAEL A  
CONROY, COLEMAN & HAZZARD  
2640 GOLDEN GATE PARKWAY, SUITE 115  
NAPLES, FL 34105**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

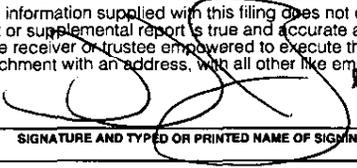
**Amended AR is \$61.25**

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

10. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>RINZ, JEFFREY JOHN</b>	
STREET ADDRESS <b>8951 BONITA BEACH RD, NO. 525-309</b>	
CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RINZ, Jeffrey John</b>	
STREET ADDRESS <b>8951 Bonita Beach Road, No 525-309</b>	
CITY-ST-ZIP <b>Bonita Springs, FL 34135</b>	
TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Raney, James E.</b>	
STREET ADDRESS <b>8960 Bay Colony Drive, Unit 701</b>	
CITY-ST-ZIP <b>Naples, FL 34108</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **8/23/04** **(239) 225-0112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



STATE OF FLORIDA  
DEPARTMENT OF CITRUS

1115 E. MEMORIAL BLVD./P.O. BOX 148/LAKELAND, FLORIDA 33802-0148



DAN L. GUNTER  
EXECUTIVE DIRECTOR  
Phone: 863-499-2500  
Fax: 863-284-4300

ANDREW R. TAYLOR  
CHAIRMAN  
FLORIDA CITRUS COMMISSION

August 10, 2004

Fax # 863/284-4315

Mr. Jeffrey J. Rinz  
Harvest Pak Foods Corporation  
6900-29 Daniels Pkway, PMB133  
Ft. Myers, FL 33912

Dear Mr. Rinz:

Thank you for submitting your application for license as citrus fruit dealer for the 2004-2005 season. After reviewing the application, we find there are some oversights or discrepancies which need to be corrected before the application can be processed. We must have the following information:

**Item 4, Officer: The information on your application does not match that filed with the Division of Corporate Records in Tallahassee. Jim E. Raney is listed on your application, but not with the Division of Corporate Records. Please make the necessary corrections.**

If you have questions, or if we may be of assistance to you, please contact me at (863) 499-2519.

Sincerely,

*Alice P. Wiggins/rd*  
Alice Wiggins  
License & Regulation Specialist

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Enclosure