## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # P05000013358 06 JUL -7 PM 1: 26 BELINDA'S PACKERS INC SEURLIARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3059 RIVERBROOK DR 3059 RIVERBROOK DR WINTER PK, FL 32792 WINTER PK, FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3796617 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAURER, BELINDA Street Address (P.O. Box Number is Not Acceptable) 3059 RIVERBROOK DR WINTER PK, FL 32792 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THIE ☐ Delete TITLE ☐ Addition NAME BAURER, BELINDA NAME STREET ADDRESS 3059 RIVERBROOK DR STREET ADDRESS WINTER PK, FL 32792 CITY-ST-ZIP CITY-ST-ZIP FITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TIFLE Delete TITLE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY SE-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered.