


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000013358**

1. Entity Name  
**BELINDA'S PACKERS INC**



Principal Place of Business  
**3059 RIVERBROOK DR  
 WINTER PK, FL 32792**

Mailing Address  
**3059 RIVERBROOK DR  
 WINTER PK, FL 32792**

**DO NOT WRITE IN THIS SPACE**



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3796617**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BAURER, BELINDA  
 3059 RIVERBROOK DR  
 WINTER PK, FL 32792**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

U000000860749  
 04/02/08-80076-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BAURER, BELINDA
STREET ADDRESS	3059 RIVERBROOK DR
CITY-ST-ZIP	WINTER PK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *Belinda Baurer* **3/13/08 407 797 0399**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #