

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P13407

1. Entity Name
CHIKUITA CITRUS PACKERS, INC.



Principal Place of Business
**C/O TAX DEPARTMENT
250 E FIFTH ST, 27TH FLOOR
CINCINNATI, OH 45202**

Mailing Address
**C/O TAX DEPARTMENT
250 E FIFTH ST, 27TH FLOOR
CINCINNATI, OH 45202**



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2476807

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**V
TATE, JOHN M
250 EAST FIFTH ST.
CINCINNATI, OH 45208**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TSACALIS, WILLIAM A.
250 EAST FIFTH ST.
CINCINNATI, OH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
ROBERT W. OLSON
250 EAST FIFTH STREET
CINCINNATI, OH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WILEY, JAMES H
250 EAST FIFTH ST.
CINCINNATI, OH 45202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BRADLEY, JOSEPH W
250 EAST FIFTH STREET
CINCINNATI, OH 45202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
ZALLA, JEFFREY M
250 EAST FIFTH STREET
CINCINNATI, OH 45202**

U000000325201
04/23/05-80006-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joseph W. Bradley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-11-05