

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90391 001 ***750.00

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1. Entity Name
**GUSTAFSON'S PROCESSING AND PACKAGING
COMPANY**



Principal Place of Business
**4169 COUNTY ROAD 15A
GREEN COVE SPRINGS, FL 32043 US**

Mailing Address
**P.O. BOX 338
GREEN COVE SPRINGS, FL 32043**

66418953



2. Principal Place of Business
50 North Laura Street

3. Mailing Address
P.O. Box 40086

Suite, Apt. #, etc.
Suite 2750

Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number
59-3175825

Applied For
☐ Not Applicable

Zip
32202

Country
USA

Zip
32203-0086

Country
USA

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

6. Name and Address of Current Registered Agent

**BRANT, ABRAHAM, REITER & MCCORMICK, PA
SUITE 2750
50 NORTH LAURA STREET
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name
Brant, Abraham, Reiter & McCormick, P.A.

Street Address (P.O. Box Number is Not Acceptable)

50 North Laura Street, Suite 2750

City
Jacksonville, FL Zip Code
32202

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

Jan D. McCormick, VP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
DTP ☒ Delete

NAME
GUSTAFSON, E.S.

STREET ADDRESS
4530 COUNTY ROAD 15A

CITY-ST-ZIP
GREEN COVE SPRINGS, FL

TITLE
DVPS ☐ Delete

NAME
GUSTAFSON, E.S. JR.

STREET ADDRESS
STATE HWY. 16 WEST

CITY-ST-ZIP
GREEN COVE SPRINGS, FL 32043

TITLE
AS ☐ Delete

NAME
WAGNER, GAIL G

STREET ADDRESS
4169 COUNTY RD., 15A

CITY-ST-ZIP
GREEN COVE SPRINGS, FL

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
D,P,VP,T,S ☒ Change ☐ Addition

NAME
Gustafson, E.S., Jr.

STREET ADDRESS
State Hwy. 16 West

CITY-ST-ZIP
Green Cove Springs, Florida 32043

TITLE
AS ☒ Change ☐ Addition

NAME
Wagner, Gail G.

STREET ADDRESS
State Hwy. 16 West

CITY-ST-ZIP
Green Cove Springs, Florida 32043

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

904-219-5735

Daytime Phone #