


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000028518 1. Entity Name GUSTAFSON'S PROCESSING AND PACKAGING COMPANY	
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Principal Place of Business 50 NORTH LAURA STREET STE 2750 JACKSONVILLE, FL 32202 US	Mailing Address PO BOX 40086 JACKSONVILLE, FL 32203-0086
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01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3175825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK PA 50 NORTH LAURA STREET STE 2750 JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

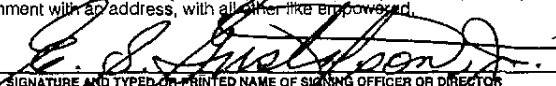
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP GUSTAFSON, E.S. JR. STATE HWY. 16 WEST GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WAGNER, GAIL G STATE HWY 16 WEST GREEN COVE SPRINGS, FL 32043
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-4-2005 Date	904-358-2750 X 3/8 Daytime Phone #