

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000028518

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** GUSTAFSON'S PROCESSING AND PACKAGING COMPANY

**Current Principal Place of Business:**

50 NORTH LAURA STREET STE 2750  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 600337  
JACKSONVILLE, FL 322600337

**New Mailing Address:**

**FEI Number:** 59-3175825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRANT, ABRAHAM, REITER & MCCORMICK PA  
50 NORTH LAURA STREET STE 2750  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

BRANT ABRAHAM REITER MCCORMICK & JOHNSON  
50 NORTH LAURA STREET STE 2750  
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: AMY H. JOHNSON

03/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPVP  
Name: GUSTAFSON, E.S. JR.  
Address: P O BOX 600337  
City-St-Zip: JACKSONVILLE, FL 322600337

Title: AVPS  
Name: GUSTAFSON, EDDIE  
Address: P O BOX 600337  
City-St-Zip: JACKSONVILLE, FL 322600337

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: E S GUSTAFSON JR

PRES

03/10/2011

Electronic Signature of Signing Officer or Director

Date