

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90051 032 ***158.75

DOCUMENT # P98000086854

1. Entity Name

PACKERS' PLUS FOODS, INC.



Principal Place of Business

6422 HARNEY RD
TAMPA FL 33610
US

Mailing Address

1316 63RD STREET NW
BRADENTON FL 34209



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

207 COLLEGE AVE, W.

1st MOORE

CR2E034 (10/06)

City & State

City & State

RUSKIN, FL

4. FEI Number

65-0871228

Applied For

Not Applicable

Zip

Country

Zip

33570

Country

HILLSBORO

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERRA, DAVID J

1316 63RD ST NW
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name

DAVID J. BERRA

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

207 COLLEGE AVE

City

RUSKIN

FL

Zip Code

33570

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 individual applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BERRA, DAVID J ☐ Delete
STREET ADDRESS 1316 63RD ST NW
CITY-STATE-ZIP BRADENTON FL 34209

TITLE VP
NAME MCCALL, DENNIS ☒ Delete
STREET ADDRESS 3508 YALE DR.
CITY-STATE-ZIP RIVERVIEW FL 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J. BERRA 1-30-07 813-2465775

Date

Daytime Phone #