


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 469899
 1. Entity Name
PACKING HOUSE BY-PRODUCTS CO.



Principal Place of Business
 10400 CR 48
 HOWEY-IN-THE-HILLS FL 34737

Mailing Address
 10400 CR 48
 HOWEY-IN-THE-HILLS FL 34737

2. Principal Place of Business
 Suite, Apt #, etc.

3. Mailing Address
 Suite, Apt #, etc.

City & State

City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **36-2085479** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LINE, THOMAS
PALM AVE
HOWEY-IN-THE-HILLS FL 32737

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	BEUCHER, NICK JR.	
STREET ADDRESS	HWYS 48 & 19	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEUCHER, MARGARET	
STREET ADDRESS	HWYS 48 & 19	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BEUCHER, ROBERT	
STREET ADDRESS	1104 TANGERINE AVENUE	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LINE, THOMAS	
STREET ADDRESS	1130 PENINSULA DRIVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11...

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	UN00000123382	
CITY-ST-ZIP	04/22/04-80002-008 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: _____ **4-9-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #