


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 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

DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number: 36-2085479
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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEUCHER, NICK JR.
STREET ADDRESS	HWYS 48 & 19
CITY - ST - ZIP	HOWEY-IN-THE-HILLS, FL
TITLE	D
NAME	BEUCHER, MARGARET
STREET ADDRESS	HWYS 48 & 19
CITY - ST - ZIP	HOWEY-IN-THE-HILLS, FL
TITLE	PD
NAME	BEUCHER, ROBERT
STREET ADDRESS	1104 TANGERINE AVENUE
CITY - ST - ZIP	HOWEY-IN-THE-HILLS, FL
TITLE	STD
NAME	LINE, THOMAS
STREET ADDRESS	1130 PENINSULA DRIVE
CITY - ST - ZIP	TAVARES, FL 32778
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/15/05-80005-008 150.00

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IN THIS SPACE**

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: *Robert Beucher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #