

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90002 049 \*\*\*150.00

**DOCUMENT # 533668**

1. Entity Name  
**EDWARDS FRUIT COMPANY**



Principal Place of Business  
 4100 SOUTH PRONTAGE RD  
 LAKELAND, FL 33815

Mailing Address  
 PO BOX 1687  
 LAKELAND, FL 33802

0040J100



**DO NOT WRITE IN THIS SPACE**

03102004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1753378</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**EDWARDS, DAVID L**  
 2609 NEVADA RD  
 LAKELAND, FL 33803

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDWARDS, DAVID L 2609 NEVADA RD LAKELAND, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, BONNIE J 2609 NEVADA RD LAKELAND, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, MICHAEL L 4804 RIVERVIEW BLVD W. BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:** *David L. Edwards* **David L. Edwards, Pres. 3-10-2004 863-682-8196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #