


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2005 08:00 AM
Secretary of State

| | | | | | | | |
|---|---|---------------------------------|---|---|--|-----------|----------|
| 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 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | | | | | |
| City & State | | City & State | | 4. FEI Number 59-1753376 | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| EDWARDS, DAVID L 2609 NEVADA RD LAKELAND FL 33803 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP EDWARDS, DAVID L 2609 NEVADA RD LAKELAND, FL 00000 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000260830 03/12/05-80039-024 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD EDWARDS, BONNIE J 2609 NEVADA RD LAKELAND, FL 00000 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD EDWARDS, MICHAEL L. 4804 RIVERVIEW BLVD W. BRADENTON FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: <u>David L Edwards</u> | | | Date: <u>3-09-05</u> Daytime Phone #: <u>813-682-8196</u> | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE AND DAYTIME PHONE NUMBER | | | | |