


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F09030**  
 1. Entity Name  
**AKIN & PORTER PRODUCE OF PLANT CITY, INC.**



Principal Place of Business      Mailing Address  
**UNIT 1 FARMERS MARKET**      **P.O. BOX 1082**  
**PLANT CITY, FL 33566**      **PLANT CITY, FL 33564**

**DO NOT WRITE IN THIS SPACE**



03032004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2049399**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**AMERSON, LEVAUGHN**  
**1400 W. MARTIN LUTHER KING BLVD.**  
**PLANT CITY, FL 33566**

**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 file if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000101564  
 04/02/04-80019-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PORTER, JAMES POST OFFICE BOX D N/A GREENFIELD, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP AMERSON, LEVAUGHN 1400 W. MARTIN LUTHER KING PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PERKINS, JEFF P.O. D (HWY 45) GREENFIELD, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Van Amerason*      Date: *3.5.04*      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR