

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F09030

1. Entity Name
AKIN & PORTER PRODUCE OF PLANT CITY, INC.



Principal Place of Business
UNIT 1 FARMERS MARKET
PLANT CITY, FL 33566

Mailing Address
P.O. BOX 1082
PLANT CITY, FL 33564



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2049399

Applied For
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

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinsuring)

DATE

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

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02/28/05-80033-017 150.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.24.05 813.754.7657