


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 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**



03142006    No Chg-P    CR2EQ34 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 the if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	

U00000408103  
 04/14/06-80021-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Levaughn Amerson*      3.27.06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #