

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # H44056 1. Entity Name THOMAS PRODUCE COMPANY	
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Principal Place of Business 9905 CLINT MOORE ROAD BOCA RATON, FL 33496-1016	Mailing Address 9905 CLINT MOORE ROAD BOCA RATON, FL 33496-1016
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DO NOT WRITE IN THIS SPACE

03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2572651	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILSON, RICHARD L
9905 CLINT MOORE ROAD
BOCA RATON, FL 33496**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	U000000295064 04/09/05-80012-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, NORMAN 9905 CLINT MOORE RD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, SR., JOHN 9905 CLINT MOORE ROAD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, JR., JOHN 9905 CLINT MOORE RD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JEFFREY 9905 CLINT MOORE RD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, STEPHEN 9905 CLINT MOORE RD BOCA RATON, FL
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)(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: _____ **4-7-05** **561-482-1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #