## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

Mailing Address

## DOCUMENT # P95000053615

1. Entity Name

Principal Place of Business

FRESH START PRODUCE SALES, INC.



## **FILED** Feb 17, 2005 8:00 am Secretary of State

02-17-2005 90031 009 \*\*\*150.00



| C/O THOMAS W. JOHNSTON<br>2335 E. ATLANTIC BLVD., SUITE 301<br>POMPANO BEACH FL 33062   |  |   | C/O THOMAS W. JOHNSTON<br>2335 E. ATLANTIC BLVD., SUITE 301<br>POMPANO BEACH FL 33062 |  | 1.00                       | 20011942  |                                     |  |
|---|--|---|---|--|----------------------------|---|-------------------------------------|--|
| 2. Principal P  | Place of Busine  | 288   | 3. Mailing Address  |  | III                        |   |                                     |  |
| 5353 W ATLANTIC AVE. #403   |  |   | 5353 W ATLANTIC AVE. #403   |  | าง     [                   |   |                                     |  |
| Suite, Apt. #, etc.   |  |   | Suite, Apt. #, etc.   |  |                            | 1st MOORE CR2E034 (10/04)                             |                                     |  |
| City & Stat   | e  | <del></del>   | City & State  |  | 4. FEI Numb                | Der   | A                                   | pplied For                                   |
| DELRAY  | Y BEACH,   | FL. 33434   | DELRAY BEACH  | , FL. 33404  |                            | 65-0681725  |                                     | lot Applicable                               |
| Zip   |  | Country   | Zip   | Country  | E Cartificat               | e of Status Desired                                   | \$8.75 Ac                           |  |
| 33484   |  | USA   | 33484   | USA  | 5. Certificat              | e of Status Desired                                   | Fee Requir                          |  |
|   | 6. Name a  | and Address of Current F  | Registered Agent  |  | 7. Name an                 | d Address of New Registered                           | Agent                               | _  |
|   |  |   |   | Name   |                            |   |                                     |  |
| 311   |  | PALM DRIVE  | Street Address (P   |  | lress (P.O. Box Numl       | P.O. Box Number is Not Acceptable)                    |                                     |  |
| BOO   | CATRATON   | 1 FL 33432  |   |  |                            |   |                                     |  |
|   |  |   |   | City   |                            | FL  | Zip Co                              | de   |
| 8. The above  | named entity<br>tions of registe   | submits this statement for<br>ered agent.                                   | the purpose of changing its   | registered office or re  | egistered agent, or b      | oth, in the State of Florida. I am                    | familiar with                       | , and accept                                 |
| SIGNATURE   | Signature, typed o   | я printed name of registered agent a  | nd title if applicable (NOTE  | : Registered Agent signature   | required when reinstating) | DATE  |                                     |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State  |  |   |   |  |                            | Election Campaign Financ     Trust Fund Contribution. |                                     | .00 May Be<br>led to Fees                    |
| 10.   | ·-   | OFFICEOU AND I  |   |  |                            |   |                                     |  |
| <del></del>   |  | OFFICERS AND L  | DIRECTORS   | 11.  | ADDITIONS                  | S/CHANGES TO OFFICERS AND                             | DIRECTO                             | RS IN 11                                     |
| TITLE   | DP   | **  | DIRECTORS  Delete   | 11.  | ADDITIONS                  | S/CHANGES TO OFFICERS AND                             | DIRECTOR  Change                    | RS IN 11                                     |
| TITLE<br>NAME   | RUMBLE, J  | R., THEO  | ☐ Detete  | -  | ADDITIONS                  | S/CHANGES TO OFFICERS AND                             |                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS   | RUMBLE, JF<br>5353 W. AT   | R., THEO<br>LANTIC AVE., #'S 403  | ☐ Detete  | TITLE NAME STREET ADORESS  | ADDITIONS                  | S/CHANGES TO OFFICERS AND                             |                                     |  |
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| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME  | RUMBLE, JA<br>5353 W. AT<br>DELRAY BE<br>DST<br>AUSTIN, PE               | R., THEO<br>LANTIC AVE., #'S 403<br>EACH FL 33484                           | ☐ Defete  -404 ☐ Defete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | ADDITIONS                  | 6/CHANGES TO OFFICERS ANI                             | ☐ Change                            | Addition                                     |
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12. I hereby certify that the information supplied with this filling 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: