2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # 446875** 04-12-2005 90145 037 ***150.00 1. Entity Name JOHN GODDARD PRODUCE, INC. Principal Place of Business Mailing Address とししらりひょせ 1111 W. MAIN STREET 1111 W. MAIN STREET LAKELAND, FL 33815 LAKELAND, FL 33815 US 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1512936 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GODDARD, ROBERT A DO NOT WRITE 1622 DOOLEY LANE LAKELAND, FL 33813 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GODDARD (ANNIE S.) NAME 4425 HARDEN BLVD. STREET ADDRESS CITY-ST-ZIP LAKELAND, FL TITLE GODDARD, ROBERT A NAME STREET ADDRESS 1622 DOOLEY LANE CITY-ST-ZIP LAKELAND, FL TITLE GODDARD (RICHARD G.) NAME 4927 DEVONSHIRE LANE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP LAKELAND, FL Deceased 1/10/05 TITLE IN THIS SPACE GODDARD, JOHN D., SR. NAME 4425 HARDEN BLVD See attached STREET ADDRESS CITY-ST-ZIP LAKELAND, FL TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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