

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90145 037 ***150.00

DOCUMENT # 446875

1. Entity Name

JOHN GODDARD PRODUCE, INC.



Principal Place of Business

1111 W. MAIN STREET
LAKELAND, FL 33815 US

Mailing Address

1111 W. MAIN STREET
LAKELAND, FL 33815 US

00000014



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1512936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GODDARD, ROBERT A
1622 DOOLEY LANE
LAKELAND, FL 33813

**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

10. OFFICERS AND DIRECTORS

TITLE D
NAME GODDARD (ANNIE S.)
STREET ADDRESS 4425 HARDEN BLVD.
CITY-ST-ZIP LAKELAND, FL

TITLE DP
NAME GODDARD, ROBERT A
STREET ADDRESS 1622 DOOLEY LANE
CITY-ST-ZIP LAKELAND, FL 00000,

TITLE STD
NAME GODDARD (RICHARD G.)
STREET ADDRESS 4927 DEVONSHIRE LANE
CITY-ST-ZIP LAKELAND, FL

TITLE D
NAME GODDARD, JOHN D., SR.
STREET ADDRESS 4425 HARDEN BLVD.
CITY-ST-ZIP LAKELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

4/7/05

863-683-5981

~~20079314~~
446875



U.S. DEPARTMENT OF
HEALTH

JAN 18 2005