

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 446875</b>	
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
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**DO NOT WRITE IN THIS SPACE**



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1512936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/23/07-80033-010 150.00

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: Richard G. Goddard Richard Goddard 04/10/07 863-683-5981  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #