2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DO	CI	IN	1FI	NT	#	129	}2 1	14

1. Entity Name

TAMPA WHOLESALE PRODUCE MARKET, INC.



Principal Place of Business

Mailing Address

2801 E HILLSBORO AVE TAMPA, FL 33610 2801 E HILLSBORO AVE TAMPA, FL 33610



DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05)

4.	FEI Number 59-0475990		Applied For Not Applicable
5.	Certificate of Status Desired		5 Additional Required

6. Name and Address of Current Registered Agent

GRIZZAFFE, CHARLIE V. 2801 EAST HILLSBOROUGH AVENUE TAMPA. FL 33610

DO NOT WRITE IN THIS SPACE

				· IN I	HIS SPACE	
	amed entity submits this statement for the puns of registered agent.	urpose of changing its registere	d office or re	egistered agent, or both	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE	gnature, typed or printed name of registered agent and title if	applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE	
	NOW!!! FEE IS \$150.00 / 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	TORS				
NAME A STREET ADDRESS 2 CITY-S1-ZIP T	STD MARTIN, TOM 2801 E HILLSBORO TAMPA, FL 33610				Hoooooooo	
NAME F STREET ADDRESS 2	VP KILLEBREW, KEN 2801 E HILLSBORO TAMPA, FL 33610				000000660316 03/19/07-80021-001 150.0 <mark>0</mark>	
NAME C STREET ADDRESS 2	PD GRIZZAFFE, CHARLIE V 2801 E HILLSBORO FAMPA, FL 33610			DO	NOT WRITE	
NAME V STREET ADDRESS 2	ATD MEYAND, LR III 2801 E HILLSBORO TAMPA, FL 33610		IN THIS SPACE			
NAME V STREET ADDRESS 2	O WHEELER, MIKE 2801 E HILLSBORO TAMPA, FL 33610					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·				
12 Thereby cer	rtify that the information supplied with this fill	nd does not qualify for the exe	motions cor	ntained in Chapter 119.	. Florida Statutes, i further certify that the information	

12. I hereby certify that the information supplied with this filing does not quality 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607.

SIGNATURE:

GIGNATURE AND TYPED OR PRINTED NAME OF PRONING OFFICER ON DIRECTOR

2-/26/07 8/3-237-3374
Dayline Phone 4