

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 137413

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: INLAND FRUIT CO

**Current Principal Place of Business:**

2501 W. MAIN ST.  
SUITE 108  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 491259  
LEESBURG, FL 34749 US

**New Mailing Address:**

FEI Number: 59-0520088      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARBIEUX, W.D. PRES  
33438 PICCIOLA DR  
FRUITLAND PARK, FL 34731 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARBIEUX, W. D.,  
Address: 33438 PICCIOLA DR  
City-St-Zip: FRUITLAND PARK, FL

Title: VT ( ) Delete  
Name: BRADLEY, J.K.,  
Address: 1605 BORDEAUX DR.  
City-St-Zip: LEESBURG, FL

Title: S ( ) Delete  
Name: VANN, BETTY,  
Address: STATE ROAD 478  
City-St-Zip: BUSHNELL, FL

Title: AS (X) Delete  
Name: BARBIEUX, JANN K.,  
Address: 33438 PICCIOLA DR  
City-St-Zip: FRUITLAND PARK, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BARBIEUX, W. D.,  
Address: 33438 PICCIOLA DR  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: S (X) Change ( ) Addition  
Name: VANN, BETTY,  
Address: 8775 S. MAIN TER  
City-St-Zip: WEBSTER, FL 33597

Title: AS (X) Change ( ) Addition  
Name: BARBIEUX, JANN K.,  
Address: 33438 PICCIOLA DR  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. D. BARBIEUX

Electronic Signature of Signing Officer or Director

PD

03/22/2005

\_\_\_\_\_ Date