


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # 147837 1. Entity Name MAITLAND FRUIT COMPANY | |  |
| Principal Place of Business 1825 BEACON STREET NEW SMYRNA BEACH, FL 32169 US | Mailing Address 340 N CAUSEWAY NEW SMYRNA BEACH, FL 32169 US | |



02092005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-0552095 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BAILEY, ROBERT ESQ
340 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

**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 NAME STREET ADDRESS CITY-ST-ZIP | PD WIGGINS, ELDON A. 1825 BEACON STREET NEW SMYRNA BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD NOVELLA, SANDRA W. 1825 BEACON STREET NEW SMYRNA BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T NOVELLA, SANDRA W 1825 BEACON STREET NEW SMYRNA BEACH, FL 32169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/04/05-80037-025 150.00

**DO NOT WRITE
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)(f), 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: Sandra W. Novella VICE President 03/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #