

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-0552095

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME WIGGINS, ELDON A.  
STREET ADDRESS 1825 BEACON STREET  
CITY- ST- ZIP NEW SMYRNA BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Add ☐ Delete  
UN00000428609  
02/21/06-80052-018 150.00

TITLE SD  
NAME NOVELLA, SANDRA W.  
STREET ADDRESS 1825 BEACON STREET  
CITY- ST- ZIP NEW SMYRNA BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Add ☐ Delete

TITLE T  
NAME NOVELLA, SANDRA W  
STREET ADDRESS 1825 BEACON STREET  
CITY- ST- ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sandra W. Novella - SECY./TREAS. FEBRUARY 6, 2006 386-427-682*