

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90071 048 ***150.00

DOCUMENT # 149507

1. Entity Name
ZELLWOOD FRUIT DISTRIBUTORS, INC



Principal Place of Business
421 MONTGOMERY ROAD
SUITE 141
ALTEMONTE SPRINGS, FL 32714 US

Mailing Address
421 MONTGOMERY ROAD
SUITE 141
ALTEMONTE SPRINGS, FL 32714 US

40024527



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202007 Chg-P CR2E034 (12/06)

4. FEI Number
59-0568040

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

MEITIN, JULIAN R
1181 BANBURY TRAIL
MAITLAND, FL 32751

Name
Julian R. Meitin
Street Address (P.O. Box Number is Not Acceptable)
2305 Edgewater Drive # 1701

City **Orlando** **FL** Zip Code **32804**

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 re-registering)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
MEITIN, JULIAN R.
1181 BANBURY TRAIL
MAITLAND, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Meitin, Julian R.
2305 Edgewater #1701, Orlando FL 32804

☒ Change ☐ Addition
address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MEITIN, SHERYL
1181 BANBURY TRAIL
MAITLAND, FL 32751

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
Meitin, Sheryl
2305 Edgewater Dr. #1701
Orlando FL 32804

☒ Change ☐ Addition
address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Julian R Meitin **Julian R Meitin** 2/23/07 407 865 7887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #