

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90008 045 \*\*\*150.00

**DOCUMENT # 197088**

1. Entity Name

BARNEY RYALS FRUIT COMPANY, INC.



Principal Place of Business

1192 GLEN FALLS RD.  
DELAND FL 32720  
US

Mailing Address

1192 GLEN FALLS RD.  
DELAND FL 32720  
US

2. Principal Place of Business

HOME - 1192  
Suite, Apt. #, etc.

3. Mailing Address

1192 - GLEN FALLS  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

DELAND FLA -  
Zip 32720 Country VOLUSIA

City & State

DELAND FLA  
Zip 32720 Country VOLUSIA

4. FEI Number

59-0784055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RYALS, BARNELL  
1192 GLEN FALLS RD.  
DELAND FL 32720

7. Name and Address of New Registered Agent

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

City DEland FL Zip Code 32720

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**

**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

TITLE NAME RYALS, BARNELL  
STREET ADDRESS 1192 GLEN FALLS RD.  
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE NAME VP  
STREET ADDRESS RYALS, MARTHA  
CITY-ST-ZIP 1192 GLEN FALLS RD.  
DELAND FL 32720 ☐ Delete

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Barnell Ryals  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

- 3-25-05