


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 201490**  
 1. Entity Name  
**EUSTIS FRUIT CO.**



Principal Place of Business <b>300 S MORIN ST          P O BOX 988          EUSTIS FLA, 32727-7988</b>	Mailing Address <b>P.O. BOX 988          EUSTIS, FL 32727</b>
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02092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-0804673</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**BUIE, DOUGAL M  
 500 JACKSON STREET  
 EUSTIS, FL 32726**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUIE, D M, III 500 JACKSON ST. EUSTIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PELFREY, ELIZABETH B. 512 JACKSON ST. EUSTIS, FL
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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:**  **Dougal M. Buie III Pres.** **2-9-04** **352-357-0533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #