
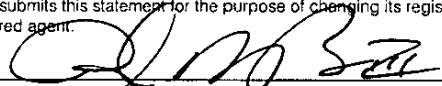
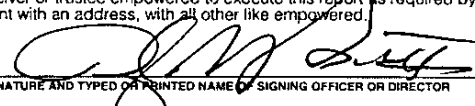


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90196 048 \*\*\*150.00

DOCUMENT # 201490			
1. Entity Name EUSTIS FRUIT CO.			
Principal Place of Business 300 S MORIN ST P O BOX 988 EUSTIS FLA, 32727-7988		Mailing Address P.O. BOX 988 EUSTIS, FL 32727	
2. Principal Place of Business 500 Jackson St		3. Mailing Address 500 Jackson St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Eustis, FL		City & State Eustis, FL	
Zip 32726		Country USA	
4. FEI Number 59-0804673		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUIE, DOUGAL M 500 JACKSON STREET EUSTIS, FL 32726		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 		DATE 7-8-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	BUIE, D M, III	NAME	
STREET ADDRESS	500 JACKSON ST.	STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	PELFREY, ELIZABETH B.	NAME	
STREET ADDRESS	512 JACKSON ST.	STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: 		DATE: 7-8-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 352-751-7843	