

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 225514

1. Entity Name
PRODUCE EXCHANGE CO INC



Principal Place of Business

**2801 HILLSBOROUGH AVE
TAMPA, FL 33610**

Mailing Address

**PO BOX 11115
TAMPA, FL 33680**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0873334

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIZZAFFE, CHARLIE V.
12001 N. BRIGHTWATER BLVD
TAMPA, FL 33617**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	GUIDA, JAMES T
STREET ADDRESS	STATE FARMERS MARKET A-3
CITY- ST- ZIP	POMPANO BEACH, FL 33061
TITLE	VD
NAME	GRIZZAFFE, JOHN T
STREET ADDRESS	9116 ROBERTS RD.
CITY- ST- ZIP	ODESSA, FL 33556
TITLE	PD
NAME	GRIZZAFFE, CHARLIE V
STREET ADDRESS	12001 N. BRIGHTWATER BLVD
CITY- ST- ZIP	TAMPA, FL 00000, 33617
TITLE	ST
NAME	FLEMING, VIRGINIA G
STREET ADDRESS	8808 ROBERTS RD.
CITY- ST- ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/24/05-80048-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *X John V. Grizzle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05
Date

813 237 3374
Daytime Phone #