2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# 225514

Entity Name: PRODUCE EXCHANGE CO INC

Current Principal Place of Business:

2801 HILLSBOROUGH AVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

PO BOX 11115
TAMPA, FL 33680

New Mailing Address:

FEI Number: 59-0873334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: GUIDA, JAMES T
Address: STATE FARMERS MARKET A-3
City-St-Zip: POMPANO BEACH, FL 33061

Title: VD ( ) Delete
Name: GRIZZAFFE, JOHN T
Address: 9116 ROBERTS RD.
City-St-Zip: ODESSA, FL 33556

Title: PD ( ) Delete
Name: GRIZZAFFE, CHARLIE V
Address: 12001 N. BRIGHTWATER BLVD
City-St-Zip: TAMPA, FL 00000, 33617

Title: ST ( ) Delete
Name: FLEMING, VIRGINIA G
Address: 8808 ROBERTS RD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA G. FLEMING ST 04/09/2009

Electronic Signature of Signing Officer or Director Date