


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 229023	
1. Entity Name WARREN FRUIT CO INC	

Principal Place of Business 3424 LAND 'O LAKES BLVD. P.O. BOX 8 LAND 'O LAKES, FL 34639	Mailing Address 3424 LAND 'O LAKES BLVD. P.O. BOX 8 LAND 'O LAKES, FL 34639
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DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0880284	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 WARREN, HAROLD F 30527 PASCO RD. SAN ANTONIO, FL 33576.	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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	WARREN, HAROLD F	
STREET ADDRESS	2511 PASCO ROAD	
CITY-ST-ZIP	DADE CITY, FL	
TITLE	V	
NAME	SHOTT, M. LINDA	
STREET ADDRESS	2456 PASCO ROAD	
CITY-ST-ZIP	DADE CITY, FL	DO NOT WRITE IN THIS SPACE
TITLE	ST	
NAME	WARREN, EMILEE	
STREET ADDRESS	2511 PASCO ROAD	
CITY-ST-ZIP	DADE CITY, FL	
TITLE		
NAME		DO NOT WRITE IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
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TITLE		
NAME		DO NOT WRITE IN THIS SPACE
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: Harold F. Warren HAROLD F. WARREN 4-4-05 (352) 588-3558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #