

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 232269

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: FRADEN'S PRODUCE, INC.

## Current Principal Place of Business:

5415 LONGLEAF ST  
JACKSONVILLE, FL 32209 US

## New Principal Place of Business:

3815 SCHOENWALD LANE  
JACKSONVILLE, FL 32223 US

## Current Mailing Address:

POB 12409  
JACKSONVILLE, FL 32209 US

## New Mailing Address:

3815 SCHOENWALD LANE  
JACKSONVILLE, FL 32223 US

FEI Number: 59-0881970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRADEN, WILLIAM  
5415 LONGLEAF ST  
JACKSONVILLE, FL 32209 US

## Name and Address of New Registered Agent:

FRADEN, WILLIAM  
3815 SCHOENWALD LANE  
JACKSONVILLE, FL 32223 US

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:

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP T ( ) Delete  
Name: FRADEN, WILLIAM  
Address: 5415 LONGLEAF ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: PRES ( ) Delete  
Name: FRADEN, ZELDA  
Address: 5415 LONGLEAF ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: SECR ( ) Delete  
Name: FRADEN, ANDREW  
Address: 5415 LONGLEAF ST  
City-St-Zip: JACKSONVILLE, FL 32209

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP T (X) Change ( ) Addition  
Name: FRADEN, WILLIAM  
Address: 3815 SCHOENWALD LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: PRES (X) Change ( ) Addition  
Name: FRADEN, ZELDA  
Address: 3815 SCHOENWALD LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SECR (X) Change ( ) Addition  
Name: FRADEN, ANDREW  
Address: 3815 SCHOENWALD LANE  
City-St-Zip: JACKSONVILLE, FL 32223

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: ZELDA FRADEN

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

Date