


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 240870
 1. Entity Name
PLANT FRUIT COMPANY



Principal Place of Business Mailing Address
110 E REYNOLDS ST **P.O. BOX 1118**
STE 700 **P O BOX 1118**
PLANT CITY, FL 33566 **PLANT CITY, FL 33564 US**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-0917619 Not Applicable

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

6. Name and Address of Current Registered Agent
SHUMP JAMES R
110 E REYNOLDS ST
STE 700
PLANT CITY FL, FL 33566

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VERNER, JAMES P
STREET ADDRESS	110 E REYNOLDS ST STE 700
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	SD
NAME	SHUMP, JAMES R
STREET ADDRESS	110 REYNOLDS ST STE 700
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	VPD
NAME	VERNER, JOHN V
STREET ADDRESS	110 E REYNOLDS ST STE 700
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	VD
NAME	VERNER, EDWARD M
STREET ADDRESS	110 E REYNOLDS ST STE 700
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 04/14/06-80050-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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: _____ **1/23/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #