


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 240870 1. Entity Name PLANT FRUIT COMPANY	
---	---

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



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0917619	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

SHUMP JAMES R
 110 E REYNOLDS ST
 STE 700
 PLANT CITY FL, FL 33568

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000648576
 03/07/07-80014-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	VERNER, JAMES P
STREET ADDRESS	110 E REYNOLDS ST STE 700
CITY-ST-ZIP	PLANT CITY, FL 33568
TITLE	SD
NAME	SHUMP, JAMES R
STREET ADDRESS	110 REYNOLDS ST STE 700
CITY-ST-ZIP	PLANT CITY, FL 33568
TITLE	VPD
NAME	VERNER, JOHN V
STREET ADDRESS	110 E REYNOLDS ST STE 700
CITY-ST-ZIP	PLANT CITY, FL 33568
TITLE	VD
NAME	VERNER, EDWARD M
STREET ADDRESS	110 E REYNOLDS ST STE 700
CITY-ST-ZIP	PLANT CITY, FL 33568
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: *James P. Verner* 2/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #