


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 240870</b> 1. Entity Name PLANT FRUIT COMPANY	
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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
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**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0917619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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
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**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERNER, JAMES P 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHUMP, JAMES R 110 REYNOLDS ST STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VERNER, JOHN V 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VERNER, EDWARD M 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/20/08-80062-010 150.00

**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 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:** *[Signature]* **Date:** 2/4/08 **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR