

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90147 010 ***158.75

DOCUMENT # 240936

1. Entity Name
HOLLY HILL FRUIT PRODUCTS CO., INC.



Principal Place of Business
**P O BOX 708
HWY. 17-92 NORTH
DAVENPORT, FL 33837**

Mailing Address
**P O BOX 708
HWY. 17-92 NORTH
DAVENPORT, FL 33837**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-0293810

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCKNIGHT, L.W.
115 EAST LEMON SREET
DAVENPORT, FL 33837**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	METCALF, P FRANK	
STREET ADDRESS	299 N LAKE LULU DR SE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKNIGHT, L W	
STREET ADDRESS	115 E LEMON STREET	
CITY-ST-ZIP	DAVENPORT, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KERR, SR ROBERT S	
STREET ADDRESS	E. PALM ST.	
CITY-ST-ZIP	DAVENPORT, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALTERMAN, RICHARD C	
STREET ADDRESS	ONCE CENTURY LANE APT 406	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, JAMES H.	
STREET ADDRESS	3 SPENCER SHORES	
CITY-ST-ZIP	HAINES CITY, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCKNIGHT JR., L. WARREN	
STREET ADDRESS	59 B MOORE ROAD	
CITY-ST-ZIP	HAINES CITY, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERR, CAROLYN F	
STREET ADDRESS	2010 PALM ST E	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTERMAN, JOHN	
STREET ADDRESS	201 S NARCISSUS AVE #602	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

J. L. Mc Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-05 863-4221131