

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90294 038 \*\*\*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

**DO NOT WRITE IN THIS SPACE**

03092006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-0293810

Applied For

Not Applicable

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

**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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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
NAME	METCALF, P FRANK
STREET ADDRESS	299 N LAKE LULU DR SE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	PD
NAME	MCKNIGHT, L W
STREET ADDRESS	115 E LEMON STREET
CITY-ST-ZIP	DAVENPORT, FL
TITLE	VD
NAME	KERR, SR ROBERT S
STREET ADDRESS	E. PALM ST.
CITY-ST-ZIP	DAVENPORT, FL
TITLE	D
NAME	ALTERMAN, RICHARD C
STREET ADDRESS	ONCE CENTURY LANE APT 408
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	WHITE, JAMES H.
STREET ADDRESS	3 SPENCER SHORES
CITY-ST-ZIP	HAINES CITY, FL
TITLE	VD
NAME	MCKNIGHT JR., L. WARREN
STREET ADDRESS	59 B MOORE ROAD
CITY-ST-ZIP	HAINES CITY, FL

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*L.W. McNight*

4/6/06 863/422-1131