

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90333 033 ***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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0293810	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
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 L WARREN MCKNIGHT JR Street Address (P.O. Box Number is Not Acceptable) 59 B MOORE RD City HAINES CITY FL Zip Code 33844	
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: L WARREN MCKNIGHT JR 4/11/2007 <small>Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T METCALF, P FRANK 299 N LAKE LULU DR SE WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKNIGHT, L W 115 E LEMON STREET DAVENPORT, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KERR, SR ROBERT S E. PALM ST. DAVENPORT, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTERMAN, RICHARD C ONCE CENTURY LANE APT 406 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JAMES H. 3 SPENCER SHORES HAINES CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKNIGHT JR., L. WARREN 59 B MOORE ROAD HAINES CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD L WARREN MCKNIGHT JR 59 B MOORE RD HAINES CITY FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNEST S PINNER 54 PINE FOREST DR HAINES CITY FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN ALTERMAN 201 NARCISSUS AVE #602 WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROLYN F KERR 2010 E PALM ST DAVENPORT FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JAMES H. 3 SPENCER SHORES HAINES CITY, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKNIGHT JR., L. WARREN 59 B MOORE ROAD HAINES CITY, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:			L WARREN MCKNIGHT JR 4/11/2007		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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