

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90179 040 \*\*\*150.00

|                                                                             |                                                                                   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 241803</b><br>1. Entity Name<br><b>CARNIVAL FRUIT COMPANY</b> |  |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                        |                                                                         |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>475 NE 185TH ST.<br/>NORTH MIAMI BEACH, FL 33179</b> | Mailing Address<br><b>1390 ENCLAVE PARKWAY<br/>HOUSTON, TX 77077 US</b> |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

**20047152**



03312005 Chg-P CR2E034 (10/03)

|                                |         |                     |         |                                                                                                 |                                                        |
|--------------------------------|---------|---------------------|---------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>59-0912477</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |
| City & State                   |         | City & State        |         |                                                                                                 |                                                        |
| Zip                            | Country | Zip                 | Country |                                                                                                 |                                                        |

|                                                                                                                                                  |  |                                                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>CAPITOL CORPORATE SERVICES, INC.<br/>1333 NORTH DUVAL STREET<br/>TALLAHASSEE, FL 32303</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ALAN H. SPRITZ<br>475 N.E. 185TH ST<br>N.MIAMI BCH, FL 33179 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>PLEASE SEE ATTACHED LIST</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>CRUNK, WEBB<br>1390 ENCLAVE PKWY.<br>HOUSTON, TX 77077 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SANDER, DIANE D<br>1390 ENCLAVE PKWY.<br>HOUSTON, TX 77077 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>BROOKS, CONNIE S<br>1390 ENCLAVE PKWY<br>HOUSTON, TX 77077 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ACCARDI, LAWRENCE J<br>1390 ENCLAVE PKWY.<br>HOUSTON, TX 77077 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STURGEON, BRIAN M<br>1390 ENCLAVE PARKWAY<br>HOUSTON, TX 77077 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |

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: Connie S. Brooks Asst Secretary 04/26/2005 281 584-1390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Connie S. Brooks

## Carnival Fruit Company, Inc.

| OFFICERS: | TITLE                    | NAME                | MAILING ADDRESS                           |
|-----------|--------------------------|---------------------|-------------------------------------------|
|           | President                | George Deckman      | 475 NE 185th St. N. Miami Beach, FL 33179 |
|           | Assistant Secretary      | Scott Deek          | 475 NE 185th St. N. Miami Beach, FL 33179 |
|           | Vice President           | Brian M. Sturgeon   | 1390 Enclave Parkway Houston TX 77077     |
|           | Vice President           | Michael C. Nichols  | 1390 Enclave Parkway, Houston, TX 77077   |
|           | Vice President           | Robert K. Shoemaker | 8801 Exchange Drive Orlando, FL 32809     |
|           | Vice President           | Aaron I. Katz       | 1390 Enclave Parkway, Houston, TX 77077   |
|           | Vice President           | Thomas P. Kurz      | 1390 Enclave Parkway, Houston, TX 77077   |
|           | Assistant VP & Secretary | Ann F. Gullion      | 1390 Enclave Parkway, Houston, TX 77077   |
|           | Treasurer                | Diane Day Sanders   | 1390 Enclave Parkway Houston TX 77077     |
|           | Assistant Treasurer      | Kathy Oates         | 1390 Enclave Parkway Houston TX 77077     |
|           | Assistant Secretary      | Drew A. Yurko       | 1390 Enclave Parkway Houston TX 77077     |
|           | Assistant Secretary      | Connie S. Brooks    | 1390 Enclave Parkway Houston TX 77077     |
|           | Assistant Secretary      | Linda S. DeLeon     | 1390 Enclave Parkway, Houston, TX 77077   |
|           | Assistant Secretary      | Paula J. Bione      | 1390 Enclave Parkway, Houston, TX 77077   |

| DIRECTORS: | NAME                | MAILING ADDRESS                         |
|------------|---------------------|-----------------------------------------|
|            | Lawrence J. Accardi | 1390 Enclave Parkway, Houston, TX 77077 |
|            | Brian M. Sturgeon   | 1390 Enclave Parkway Houston TX 77077   |
|            | Michael C. Nichols  | 1390 Enclave Parkway, Houston, TX 77077 |

ATTACHMENT

20047152  
# 241803