


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

000000000000 252569 1. Entity Name PRODUCE, INC.	
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Principal Place of Business 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142 US	Mailing Address POST OFFICE BOX 3088 IMMOKALEE, FL 34143 US
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DO NOT WRITE IN THIS SPACE



01052004	00000000	000000000000
4. FEI Number 59-0997358	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	0000000000

6. Name and Address of Current Registered Agent WEISINGER, SHERYL A 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142

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 _____ U00000091093
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 03/17/04-80046-001-150-00
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 0000000000
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U00000091093 A.H.
 03/17/04-80046-001-150-75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST WEISINGER, SHERYL A 315 E NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DESSAK, PETER 315 E NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT GUNN, BLAKE 315 E NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sheryl A. Weisinger SHERYL WEISINGER 239-657-4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #