

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 252569

1. Entity Name
PRODUCE, INC.



Principal Place of Business
315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142 US

Mailing Address
POST OFFICE BOX 3088
IMMOKALEE, FL 34143 US



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0997358 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

000000405377
02/07/06-80047-004 150.00

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME WEISINGER, SHERYL A
STREET ADDRESS 315 E NEW MARKET ROAD
CITY-ST-ZIP IMMOKALEE, FL 34142

TITLE V
NAME DESSAK, PETER
STREET ADDRESS 315 E NEW MARKET ROAD
CITY-ST-ZIP IMMOKALEE, FL 34142

TITLE V
NAME PRESS, MAX
STREET ADDRESS 315 E NEW MARKET ROAD
CITY-ST-ZIP IMMOKALEE, FL 34142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Sheryl A. Weisinger
SHERYL A WEISINGER

1/13/06
Date

239-657-4421
Daytime Phone #