

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

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1. Entity Name
WHITE SWAN FRUIT PRODUCTS, INC.



Principal Place of Business
1200 W DR., M.L. KING JR BLVD
PLANT CITY, FL 33563 US

Mailing Address
PO DRAWER 819
PLANT CITY, FL 33564 US

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2193824

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LASKOWITZ, JACK
1200 W DR., M.L. KING JR. BLVD
PLANT CITY, FL 33563

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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 LLC, if applicable. (NOTE: Registered Agent's signature required when constituting) 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 NAME STREET ADDRESS CITY-ST-ZIP	DC GORDON, MELVIN S 1200 W DR MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GORDON, RANDY S 1200 W MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULIS, TRACY W 1200 W DR MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSON, JAMES R. 1200 W DR MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP Gordon, Mark H 1200 W DR MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Jack R. Laskowitz, CEO

1/23/06

(813) 752-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #