

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED


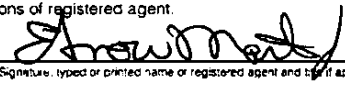
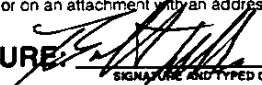
05 OCT 12 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR0690 OCT 13 2005



10052005 Chg-P CR2E034 (10/03)

DOCUMENT # 285778					
1. Entity Name RUSKIN VEGETABLE CORPORATION					
Principal Place of Business 5909 N. TAMiami TRAIL APOLLO BEACH, FL 33572 US			Mailing Address PO BOX 669 RUSKIN, FL 33570 US		
2. Principal Place of Business 5050 Highway 60 West Suite, Apt. #, etc.			3. Mailing Address 5050 Highway 60 West Suite, Apt. #, etc.		
City & State Mulberry, Florida Zip 33860		Country USA		City & State Mulberry, Florida Zip 33860 Country USA	
4. FEI Number 59-0430666				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name E. Snow Martin, Jr. Street Address (P.O. Box Number is Not Acceptable) 200 Lake Morton Drive City Lakeland FL Zip Code 33801		
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  E. Snow Martin, Jr. Oct. 11 th , 2005 <small>Signature, typed or printed name of registered agent and, if applicable, (NOTP: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$81.25		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	STD FULLER, TERESSA G 4722 LIGHIERWOOD WAY VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Batista J. Madonia, Sr. 5050 Highway 60 West Mulberry, Florida 33860 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JONES, CASSEY O 139 EAST SOUTH TEMPLE, STE. 110 SALT LAKE CITY, UT 84111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSTD Evelyn M. Madonia 5050 Highway 60 West Mulberry, Florida 33860 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen S. Madonia 5050 Highway 60 West Mulberry, Florida 33860 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosemary V. Madonia 5050 Highway 60 West Mulberry, Florida 33860 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Batista J. Madonia, Jr. 5050 Highway 60 West Mulberry, Florida 33860 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060539335 <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 		Batista J. Madonia, Sr., President Oct. 11 th , 2005 863-425-3500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			



CORPORATION SERVICE COMPANY

File 2nd

ACCOUNT NO. : 072100000032

REFERENCE : 647164 8954A

AUTHORIZATION

Patricia Pizote

COST LIMIT : \$ 61.25

ORDER DATE : October 12, 2005

ORDER TIME : 10:06 AM

ORDER NO. : 647164-010

CUSTOMER NO: 8954A

ANNUAL REPORT FILING

NAME: RUSKIN VEGETABLE CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: _____

RECEIVED
05 OCT 12 PM 12:45
DIVISION OF CORPORATION