2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 285778

e: RUSKIN VEGETABLE CORPORATION

FILED Jan 12, 2006 Secretary of State

Entity Name: RUSKIN VEGETABLE CORPORATION						
Current Principal Place of Business:			New Principal Place of Business:			
	HWAY 60 WES RY, FL 33860	BT US				
Current Mailing Address:			New Mailing A	New Mailing Address:		
	HWAY 60 WES RY, FL 33860	ST US	P. O. BOX 263 PLANT CITY, F		US	
FEI Number	: 59-0430666	FEI Number Applied For ()	FEI Number Not Applicab	le ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered					lew Registered Agent:	
	ESJR MORTONDR D, FL 3380125					
	named entity : e of Florida.	submits this statement for the p	urpose of changing its re	egistered o	ffice or registered agent, or both,	
SIGNATUR	RE:					
	Electror	nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MADONIA, BAT 5050 HWY 60 N MULBERRY, F	WEST	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VPST () MADONIA, EVE 5050 HWY 60 V MULBERRY, F	WEST	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () MADONIA, STE 5050 HWY 60 N MULBERRY, F	WEST	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () MADONIA, ROS 5050 HWY 60 V MULBERRY, F	WEST	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title:	D ()) Delete	Title: D	(X)) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MADONIA, BATISTA J JR

5050 HWY 60 WEST

MULBERRY, FL 33860

SIGNATURE: EVELYN M. MADONIA VPSTD VPST 01/12/2006

MADONIA, BAPTISTA J JR

5050 HWY 60 WEST

MULBERRY, FL 33860

Name:

Address:

City-St-Zip: