


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**-Apr 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # 290049 1. Entity Name LEWIS & DURRANCE FRUIT CO., INC.	
---	---

Principal Place of Business 516 NW 4TH ST. P.O. BOX 904 FORT MEADE, FL 33841	Mailing Address 516 NW 4TH ST. P.O. BOX 904 FORT MEADE, FL 33841
---	---



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1088895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL W. HAMILTON
1355 BSPRING COURT
BARTOW, FL 33830

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM HAMILTON, PAUL W. 1355 SPRING COURT BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, JENNETTE 127 N.E. 1ST STREET FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMILTON, SHARON 1355 SPRING CT. BARTOW, FL 33830
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

100000307645
04/15/05-80062-017 150.00

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: Paul W Hamilton PAUL W HAMILTON 4-12-05 863-581-0750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #