

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 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



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1088895

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

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 ☐ **\$5.00** May Be
Trust Fund Contribution. 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	

05/05/06 158.75

U00000558310
05/17/06-80089-021 150.00

**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: Paul W. Hamilton PAUL W HAMILTON PM 4/19/06 863-285-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #