

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90005 041 ***150.00

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

DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

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

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-16-07 **863-581-0750**

Daytime Phone #