

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 299671

1. Entity Name
WINTER GARDEN FRUIT CO INC



Principal Place of Business
**721 STATE RD 535
WINTER GARDEN, FL 34787-5266**

Mailing Address
**721 STATE RD 535
WINTER GARDEN, FL 34787-5266**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1109157

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUPPENTHALER, D E
721 STATE RD 535
WINTER GARDEN, FL 32787**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DUPPENTHALER, DALLAS E SR
STREET ADDRESS 721 STATE RD 535
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE SD
NAME DUPPENTHALER, BETTY
STREET ADDRESS 721 STATE RD 535
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE TD
NAME DUPPENTHALER, BETTY
STREET ADDRESS 721 STATE RD 535
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE VD
NAME DUPPENTHALER, D E JR
STREET ADDRESS 721 STATE RD 535
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE D
NAME AYCOCK, JANE D
STREET ADDRESS 721 STATE RD 535
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE DAST
NAME CROSS, ANN D
STREET ADDRESS 721 STATE RD 535
CITY-ST-ZIP WINTER GARDEN, FL 34787

U00000285484
04/02/05-80048-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Ann D. Cross ANN D. CROSS 3/6/05 407-656-4046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #