


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 336049 1. Entity Name NU-WAY FRUIT COMPANY INC	
---	--

Principal Place of Business 2905 CENTRAL AVE. ALTURAS, FL 33820 US	Mailing Address P. O. BOX 84 ALTURAS, FL 33820 US
--	---

DO NOT WRITE IN THIS SPACE



03122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1221236	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**DUNLAP, GEORGE T
245 SOUTH CENTRAL AVE.
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

Wanda P. Young

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

3-15-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PST YOUNG, WANDA J 2905 CENTRAL AVE ALTURAS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YOUNG, LELAND K 2905 CENTRAL AVE ALTURAS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, D. SCOTT 5069 SWEET LEAF COURT BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000470955
03/28/06-00035-006 150.00

**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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Wanda P. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-06