


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 340171 1. Entity Name BECKER INDIAN RIVER FRUIT CO INC					
Principal Place of Business 2627 S. JENKINS ROAD FORT PIERCE, FL 34981 US			Mailing Address 2627 S. JENKINS ROAD FORT PIERCE, FL 34981 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1228782	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HURLEY, THOMAS 2627 S. JENKINS ROAD FORT PIERCE, FL 34981			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>Thomas Hurley</i></u> , CEO, DATE: <u>4/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUSSON, JEFFERY L 736 36TH AVENUE VERO BEACH, FL 32968		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700099093377 04/27/07--01012--010 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HURLEY, THOMAS 2627 S. JENKINS ROAD FORT PIERCE, FL 34981		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SD HURLEY, R. SCOTT 2627 S. JENKINS ROAD FORT PIERCE, FL 34981	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HURLEY, SCOTT R 2627 S. JENKINS ROAD FORT PIERCE, FL 34981		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HURLEY, RICHARD E 2627 S. JENKINS ROAD FORT PIERCE, FL 34981		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 4/24/07	
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: <u><i>Thomas Hurley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Thomas Hurley, DATE: <u>4/17/07</u> , DAYTIME PHONE #: <u>772-595-3100</u>		

FILED

2007 APR 19 AM 10:46

SECRET



04162007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1228782 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

CEO

4/17/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CUSSON, JEFFERY L
736 36TH AVENUE
VERO BEACH, FL 32968

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
HURLEY, THOMAS
2627 S. JENKINS ROAD
FORT PIERCE, FL 34981

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
HURLEY, SCOTT R
2627 S. JENKINS ROAD
FORT PIERCE, FL 34981

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
HURLEY, RICHARD E
2627 S. JENKINS ROAD
FORT PIERCE, FL 34981

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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SIGNATURE:

Thomas Hurley

DATE

DAYTIME PHONE #