

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 344880**

1. Entity Name  
**WAYNE'S FRUIT GROVES, INC.**



Principal Place of Business  
**15025 S W 232ND ST  
GOULDS, FL 33170**

Mailing Address  
**15025 S W 232ND ST  
GOULDS, FL 33170**

**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1271233**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

**DUNAGAN, LARRY W.  
15025 SW 232ND ST  
GOULDS, FL 33170**

**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 restatearing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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 DUNAGAN, LARRY W  
STREET ADDRESS 15025 S W 232 ST  
CITY-ST-ZIP GOULDS, FL

TITLE SD  
NAME CASE, JANET M  
STREET ADDRESS 14925 S W 232 ST  
CITY-ST-ZIP GOULDS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000863409  
04/09/08-80049-002 150.00

**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** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/2008**

Date

**305-247-1793**

Daytime Phone #