


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90173 008 \*\*\*150.00

<b>DOCUMENT # 407791</b> 1. Entity Name <b>SUNSWEEET FRUIT, INC.</b>					
Principal Place of Business <b>800 20TH PLACE SUITE #3 VERO BEACH, FL 32960 US</b>			Mailing Address <b>800 20TH PLACE SUITE #3 VERO BEACH, FL 32960 US</b>		
2. Principal Place of Business <b>1420 OLD DIXIE HWY</b>		3. Mailing Address <b>1420 OLD DIXIE HWY</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>VERO BEACH, FL</b>		City & State <b>VERO BEACH, FL</b>		4. FEI Number <b>59-1410946</b>	
Zip <b>32960</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'HAIRE, MICHAEL 3111 CARDINAL DRIVE VERO BEACH, FL 32963</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, H W III 1346 RIVER RIDGE DR VERO BEACH, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, STEVEN C. 4111 INDIAN RIVER DR. VERO BEACH, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST ROODE, LYNDIA 4465 11 PLACE SW VERO BEACH, FL 32968		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
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: <b>Lyndia K. Roode, V.P.</b> <b>1/9/06</b> <b>772-529-1234</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		