2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 527760

1. Entity Name
ALBRITTON FRUIT COMPANY, INC.

Principal Place of Business	Mailing Address
5430 PROCTOR ROAD SARASOTA, FL 34233	5430 PROCTOR ROAD SARASOTA, FL 34233

DO NOT WRITE IN THIS SPACE

01222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1734694	Not Applicable

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

6. Name and Address of Current Registered Agent

SIBERSTEIN, DAVID M
720 S ORANGE AVE
SARASOTA, FL 34236

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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, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	SVP
NAME	ALBRITTON, JOHN B
STREET ADDRESS	PROCTOR ROAD
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	ALBRITTON, LAURA J
STREET ADDRESS	PROCTOR RD.
CITY-ST-ZIP	SARASOTA, FL
TITLE	T
NAME	SUPLEE, T. RAYMOND
STREET ADDRESS	800 S. OSPREY AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	PD
NAME	ALBRITTON, JOHN M.
STREET ADDRESS	PROCTOR ROAD
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/07-80027-001 150.00

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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: _____ 2/23/07 941/925-7155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

John M Albritton, PRES