



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-12-2006 90192 044 ***150.00

DOCUMENT # 533668 1. Entity Name EDWARDS FRUIT COMPANY					
Principal Place of Business 4100 SOUTH PRONTAGE RD LAKELAND, FL 33815				Mailing Address PO BOX 1687 LAKELAND, FL 33802	
2. Principal Place of Business 1345 Industrial Park Road Suite, Apt. #, etc.		3. Mailing Address P. O. Box 7340 Suite, Apt. #, etc.		 01062006 Chg-P CR2E034 (11/05)	
City & State Mulberry, Florida		City & State Lakeland, Florida			
Zip Country 33860 USA		Zip Country 33807-7340 USA			
4. FEI Number 59-1753376		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 EDWARDS, DAVID L 2609 NEVADA RD LAKELAND, FL 33803	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
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	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDWARDS, DAVID L 2609 NEVADA RD LAKELAND, FL 00000,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, BONNIE J 2609 NEVADA RD LAKELAND, FL 00000,	<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	VD EDWARDS, MICHAEL L. 4804 RIVERVIEW BLVD W. BRADENTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David L. Edwards - President 1-10-06 863-682-8196