

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90001 021 \*\*\*150.00

**DOCUMENT # 533668**

1. Entity Name

EDWARDS FRUIT COMPANY



Principal Place of Business

1345 INDUSTRIAL PARK RD.  
MULBERRY FL 33860

Mailing Address

PO BOX 7340  
LAKE LAND FL 33807-7340



2. Principal Place of Business - No P.O. Box #

120 E. Pine Street

Suite, Apt. #, etc.

Suite 4

3. Mailing Address

P. O. Box 2837

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Lakeland, Fl

City & State

Lakeland, Fl

4. FEI Number

59-1753376

Applied For

Not Applicable

Zip

33801

Country

USA

Zip

33806

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, DAVID L  
2609 NEVADA RD  
LAKE LAND 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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DP ☐ Delete  
NAME: EDWARDS, DAVID L  
STREET ADDRESS: 2609 NEVADA RD  
CITY, ST, ZIP: LAKE LAND, FL 00000

TITLE: SD ☐ Delete  
NAME: EDWARDS, BONNIE J  
STREET ADDRESS: 2609 NEVADA RD  
CITY, ST, ZIP: LAKE LAND, FL 00000

TITLE: VD ☐ Delete  
NAME: EDWARDS, MICHAEL L.  
STREET ADDRESS: 4804 RIVERVIEW BLVD W.  
CITY, ST, ZIP: BRADENTON FL

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *David L. Edwards* David L. Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07

Date

863 682-8196

Daytime Phone #