


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 562733</b> 1. Entity Name <b>SIMPSON FRUIT COMPANY</b>	
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Principal Place of Business <b>445 LIMIT STREET MOUNT DORA, FL 32757</b>	Mailing Address <b>445 LIMIT STREET MOUNT DORA, FL 32757</b>
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1815869</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SIMPSON, ANITA K 445 LIMIT AVE MOUNT DORA, FL 32757</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMPSON, ROBERT L. 445 LIMIT STREET MOUNT DORA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON, ANITA K 445 LIMIT STREET MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMPSON III, JAMES H 955 CLUB HILLS DRIVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/05-80030-019 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Anita K. Simpson* *Anita K. Simpson* 4/18/05 352-383-4667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #