
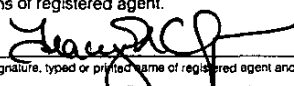
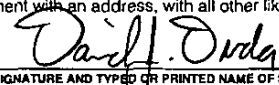


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90389 017 ***158.75

DOCUMENT # 583341 1. Entity Name SOUTHLAND PRODUCE SALES OF FLORIDA, INC.					
Principal Place of Business 1975 W STATE ROAD 426 OVIEDO, FL 32765 US			Mailing Address P.O. BOX 620257 OVIEDO, FL 32762-0257 US		
2. Principal Place of Business 1200 Duda Trail Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Oviedo, Florida		City & State		4. FEI Number 59-2982203	
Zip 32765		Country Seminole		5. Certificate of Status Desired KX \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUDA CHAPMAN, TRACY 1975 W STATE RD 426 OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1200 Duda Trail City Oviedo FL Zip Code 32765		
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  Tracy Duda Chapman, VP/General Counsel 4/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD DUDA, FERDINAND S. 1975 W STATE ROAD 426 OVIEDO, FL	<input checked="" 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	ASTS WEEKS, PALMER B 1975 W STATE ROAD 426 OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres/Asst. Secy. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 Duda Trail Oviedo, Florida 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST KINDER, MARK 1975 W STATE ROAD 426 OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 Duda Trail Oviedo, Florida 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST CLARK, HENRY L 1975 W STATE ROAD 426 OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 Duda Trail Oviedo Florida 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPMAN, TRACY DUDA 1975 W STATE ROAD 426 OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 Duda Trail Oviedo, Florida 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DUDA, DAVID J 1975 W. STATE ROAD 426 OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 Duda Trail Oviedo, Florida 32765
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:  David J. Duda, V.P.		4/11/05		(407)365-2111	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

40062071
583341

SOUTHLAND PRODUCE SALES OF FLORIDA, INC.

Federal I.D. No. 59-2982203

ADDITIONAL OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
DUDA, Joseph A.	Director President	1200 Duda Trail Oviedo,	<u>CHANGE</u> FL 32765
HANAS, Richard L.	Vice Pres.	1200 Duda Trail Oviedo,	<u>ADD</u> FL 32765
DUDA, Edward D.	Vice Pres	1200 Duda Trail Oviedo,	<u>ADD</u> FL 32765
ENGWALL, Mark	Asst. Treasurer	1200 Duda Trail Oviedo,	<u>CHANGE</u> FL 32765