

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # 643798

1. Entity Name
CEE-BEE PRODUCE, INC.



Principal Place of Business
**431 SE 2ND ST
BELLE GLADE, FL 33430**

Mailing Address
**PO BOX 575
BELLE GLADE, FL 33430**



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2031324

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

**CUNNINGHAM, MIKE
431 SE 2ND STREET
PO BOX 575
BELLE GLADE, FL 33430**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100000426782
02/20/06-80054-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUNNINGHAM, MICHAEL
STREET ADDRESS	431 SE 2ND ST, PO BOX 575
CITY - ST - ZIP	BELLE GLADE, FL 33430
TITLE	S
NAME	CUNNINGHAM, JILL H.
STREET ADDRESS	431 SE 2ND ST., PO BOX 575
CITY - ST - ZIP	BELLE GLADE, FL 33430
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jill H. Cunningham Jill H. Cunningham 2-3-06 229-794-1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #