

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90042 010 ****61.25

DOCUMENT # 791045

1. Entity Name
FLORIDA VEGETABLE EXCHANGE



Principal Place of Business
**800 TRAFALGAR COURT
STE 200
MAITLAND, FL 32-7510 US**

Mailing Address
**P.O. BOX 948153
MAITLAND, FL 32794-8153 US**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1625220	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RAULERSON, DANNY
800 TRAFALGAR COURT
STE 200
MAITLAND, FL 32751**

**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

1-4-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORSENIGO, PAUL
STREET ADDRESS	1100 N MAIN ST, STE D
CITY-STATE-ZIP	BELLE GLADE, FL 33430
TITLE	ST
NAME	RAULERSON, DANNY
STREET ADDRESS	800 TRAFALGAR COURT STE 200
CITY-STATE-ZIP	MAITLAND, FL 32751
TITLE	VD
NAME	HUNDLEY, JOHN S
STREET ADDRESS	25849 COUNTY RD 880
CITY-STATE-ZIP	BELLE GLADE, FL 33430
TITLE	PD
NAME	BASORE, TOBY
STREET ADDRESS	P O BOX 39
CITY-STATE-ZIP	BELLE GLADE, FL 33430
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 supplement 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-08 321-214-5200