


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F09030
 1. Entity Name
 AKIN & PORTER PRODUCE OF PLANT CITY, INC.



Principal Place of Business Mailing Address
 UNIT 1 FARMERS MARKET P.O. BOX 1082
 PLANT CITY, FL 33566 PLANT CITY, FL 33564

DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2049399 Not Applicable

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

6. Name and Address of Current Registered Agent
 AMERSON, LEVAUGHN
 1400 W. MARTIN LUTHER KING BLVD.
 PLANT CITY, FL 33566

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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 reinsuring) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, JAMES POST OFFICE BOX D N/A GREENFIELD, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AMERSON, LEVAUGHN 1400 W. MARTIN LUTHER KING PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERKINS, JEFF P.O. D (HWY 45) GREENFIELD, TN
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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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: *Von Amerson* Date: 2.24.05 Daytime Phone #: 813-754-7657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #