


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F09030</b> 1. Entity Name <b>AKIN &amp; PORTER PRODUCE OF PLANT CITY, INC.</b>	
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Principal Place of Business <b>UNIT 1 FARMERS MARKET PLANT CITY, FL 33566</b>	Mailing Address <b>P.O. BOX 1082 PLANT CITY, FL 33564</b>
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03142006 No Chg-P CR2EQ34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2049399</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>AMERSON, LEVAUGHN 1400 W. MARTIN LUTHER KING BLVD. PLANT CITY, FL 33566</b>
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<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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

**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

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	

<b>DO NOT WRITE IN THIS SPACE</b>
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U00000408103  
04/14/06-80021-015 150.00

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

SIGNATURE Levaughn Amerson 3.27.06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

City Daytime Phone #