

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90031 024 ***150.00

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1. Entity Name
FRUIT TRADERS, INC.



Principal Place of Business
**1200 W.DR. M.L.K. JR. BLVD.
PLANT CITY, FL 33563**

Mailing Address
**P.O. DRAWER Y
PLANT CITY, FL 33564 US**

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2225531

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LASKOWITZ, JACK
1200 W. DR. MARTIN L. KING, JR., BLVD.
PLANT CITY, FL 33563**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title, 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	DC
NAME	GORDON, MELVIN S
STREET ADDRESS	1200 W DR MLK JR BLVD
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	PD
NAME	GORDON, RANDY S
STREET ADDRESS	1200 W DR MLK JR BLVD
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	SD
NAME	SCHULIS, TRACY W
STREET ADDRESS	1200 W DR MLK JR BLVD
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	DEVP
NAME	Gordon, Mark H
STREET ADDRESS	1200 W DR. MLK JR BLVD
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: J. Laskowitz, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06
Date

(913) 752-1157
Daytime Phone #