
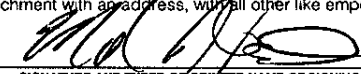


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90015 048 ***150.00

DOCUMENT # F95000003134					
1. Entity Name NORTH BAY PRODUCE, INC.					
Principal Place of Business PO BOX 988 TRAVERSE CITY, MI 49685-0988			Mailing Address PO BOX 988 TRAVERSE CITY, MI 49685-0988		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 38-3002393	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURGOS, MICHAEL A 8900 NW 35TH LANE MIAMI, FL 33172			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPD CO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HACKERT, ROY	NAME			
STREET ADDRESS	3958 WEST CHAUVEZ ROAD	STREET ADDRESS			
CITY-ST-ZIP	LUDINGTON, MI 49431	CITY-ST-ZIP			
TITLE	CO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, GEORGE	NAME			
STREET ADDRESS	13375 BELDING ROAD	STREET ADDRESS			
CITY-ST-ZIP	BELDING, MI 48809	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOGARD, RICHARD L	NAME			
STREET ADDRESS	1771 NORTH US 31 SOUTH	STREET ADDRESS			
CITY-ST-ZIP	TRAVERSE CITY, MI 49684	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIRARDIN, MARK A	NAME			
STREET ADDRESS	1771 NORTH US 31 SOUTH	STREET ADDRESS			
CITY-ST-ZIP	TRAVERSE CITY, MI 49684	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADKIN, RANDY	NAME			
STREET ADDRESS	RT 4, 65TH ST	STREET ADDRESS			
CITY-ST-ZIP	SOUTH HAVEN, MI 48090	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 			Date: 4/7/04 231-946-1941		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mark A. Girardin, President			Daytime Phone #		

NORTH BAY PRODUCE MEMBERS

Attachment

*Def 950000 3134
44028003*

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