

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005746

Entity Name: MEDUSA FRUIT COMPANY

FILED  
Jan 12, 2004  
Secretary of State

## Current Principal Place of Business:

2550 WITT RD  
CLEWISTON, FL 33440

## New Principal Place of Business:

## Current Mailing Address:

2550 WITT RD  
CLEWISTON, FL 33440

## New Mailing Address:

FEI Number: 56-2052209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MINTON, MICHAEL D  
1903 SOUTH 25TH ST., STE. 200  
FT. PIERCE, FL 34950 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: SOUD, CAREY  
Address: RT. 2 PIONEER PLANTATION, BOX 1210  
City-St-Zip: CLEWISTON, FL 33440

Title: DTV ( ) Delete  
Name: STANLEY, RONALD M JR.  
Address: 300 N. GREENE ST., STE. 2100  
City-St-Zip: GREENSBORO, NC 27401

Title: DV ( ) Delete  
Name: JOHNSON, EARL JR.  
Address: 6101 TRIANGLE DR.  
City-St-Zip: RALEIGH, NC 27612

Title: DV ( ) Delete  
Name: WINSTON, CHARLES M  
Address: 2209 CENTURY DRIVE, STE. 300  
City-St-Zip: RALEIGH, NC 27612

Title: DV ( ) Delete  
Name: POOLE, J. GREGORY JR.  
Address: 4807 BERYL ROAD  
City-St-Zip: RALEIGH, NC 27606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOUD, CAREY

DPS

01/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date