


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90020 007 ***150.00

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| DOCUMENT # H55189 | |  | |
| 1. Entity Name S & J PRODUCE OF BREVARD, INC. | | | |
| Principal Place of Business C/O JOHN DANIELS 1607 N. COCOA BOULEVARD COCOA, FL 32922 | | Mailing Address C/O JOHN DANIELS 1607 N. COCOA BOULEVARD COCOA, FL 32922 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. 4105 Seville Ave | | Suite, Apt. #, etc. 4105 Seville Ave | |
| City & State Cocoa, Florida | | City & State Cocoa FL | |
| Zip 32926 | Country U.S | Zip 32926 | Country US |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DANIELS, JOHN 1607 N. COCOA BOULEVARD COCOA, FL 32922 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | PS DANIELS, JOHN 1607 N. COCOA BOULEVARD COCOA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS Daniels, John 4105 Seville Ave Cocoa, FL 32926 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT DANIELS, SHILO 1607 N. COCOA BOULEVARD COCOA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT Daniels Shilo 4105 Seville Ave Cocoa FL 32926 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address |
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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: <i>Shilo Daniels</i> Shilo Daniels | | Date | 4-9-04 321-639-4630 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |