

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H99778

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: BARBEN FRUIT COMPANY, INC.

**Current Principal Place of Business:**

% ROBERT H. BARBEN  
1146 LAKE LOTELA DRIVE  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

% ROBERT H. BARBEN  
1146 LAKE LOTELA DRIVE  
AVON PARK, FL 33825

**New Mailing Address:**

% ROBERT H. BARBEN  
1146 LAKE LOTELA DRIVE  
AVON PARK, FL 33825

FEI Number: 59-2744700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARBEN, ROBERT H.  
1146 LAKE LOTELA DRIVE  
AVON PARK, FL 33825 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: P ( ) Delete  
Name: BARBEN, ROBERT H.  
Address: 1146 LAKE LOTELA DRIVE  
City-St-Zip: AVON PARK, FL 33825

Title: ST ( ) Delete  
Name: BARBEN, MARY M.  
Address: 1146 LAKE LOTELA DRIVE  
City-St-Zip: AVON PARK, FL 33825

Title: VP ( ) Delete  
Name: BARBEN, JOHN P  
Address: 685 LAKE LOTELA DR  
City-St-Zip: AVON PARK, FL 33825

Title: VP ( ) Delete  
Name: WHITEHEAD, JOHN G  
Address: 3721 CREEKSIDE DR  
City-St-Zip: SEBRING, FL 33872

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition  
Name: BARBEN, JOHN P  
Address: 1181 LAKE LOTELA DR  
City-St-Zip: AVON PARK, FL 33825

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARY M. BARBEN

ST

01/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date