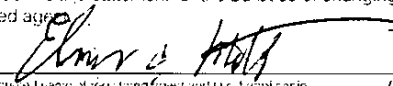


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

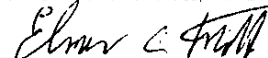
FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90034 015 ***150.00

DOCUMENT # J73115			
1. Entity Name COLLIER TOMATO & VEGETABLE DISTRIBUTORS, INC.			
Principal Place of Business 1002 N. LEE AVE ARCADIA FL 34266 US		Mailing Address 1002 N. LEE AVENUE ARCADIA FL 34266 US	
2. Principal Place of Business - No P.O. Box # 4990 NW MOTT TERRACE		3. Mailing Address ← Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Arcadia, FL		City & State	
Zip 34266	Country USA	Zip	Country
6. Name and Address of Current Registered Agent MOTT, ELMER C. 1002 N. LEE AVENUE ARCADIA FL 34266		7. Name and Address of New Registered Agent 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: 1/28/08	
NOTE: Registered Agent's signature required when constituting.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DPS MOTT, ELMER C. 1002 N. LEE AVENUE ARCADIA FL 34266 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thomas C. Mott 1804 Tamiami Trail E-3 Pt Charlotte, FL 33948 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy Nancy R. Mott 4990 N.W. Mott Terrace Arcadia, FL 34266 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lindsay W. Mott 1804 Tamiami Trail E-3 Pt Charlotte, FL 33948 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

863-993-1800

Date

Daytime Phone #