

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J73115

FILED
Mar 09, 2009
Secretary of State

Entity Name: COLLIER TOMATO & VEGETABLE DISTRIBUTORS, INC.

Current Principal Place of Business:

4990 NW MOTT TERR
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

4990 NW MOTT TERR
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 59-2804978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTT, ELMER C.
1002 N. LEE AVENUE
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

MOTT, ELMER C.
4990 NW MOTT TERR
ARCADIA, FL 34266 US

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:

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MOTT, ELMER C.,
Address: 1002 N. LEE AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: VP () Delete
Name: MOTT, THOMAS C
Address: 1804 TAMIAAMI TRL E-3
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Delete
Name: MOTT, NANCY R
Address: 4990 NW MOTT TERR
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: MOTT, LINDSY W
Address: 1804 TAMIAAMI TRL E-3
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MOTT, ELMER C.,
Address: 4990 NW MOTT TERR
City-St-Zip: ARCADIA, FL 34266

Title: VP (X) Change () Addition
Name: MOTT, THOMAS C
Address: 1804 TAMIAAMI TRL E-3 #303
City-St-Zip: PORT CHARLOTTE, FL 33948

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

Title: T (X) Change () Addition
Name: MOTT, LINDSY W
Address: 1804 TAMIAAMI TRL E-3 #303
City-St-Zip: PORT CHARLOTTE, FL 33947

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: LINDSY MOTT

T

03/09/2009

Electronic Signature of Signing Officer or Director

Date