

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J73115

FILED  
Jan 04, 2011  
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 PRES.  
4990 NW MOTT TERR  
ARCADIA, FL 34266 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

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** MOTT, ELMER C.  
**Address:** 4990 NW MOTT TERR  
**City-St-Zip:** ARCADIA, FL 34266

**Title:** VP  
**Name:** MOTT, THOMAS C  
**Address:** 3463 LAKE VIEW BLVD  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

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

**Title:** T  
**Name:** MOTT, LINDSY W  
**Address:** 3463 LAKE VIEW BLVD  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

I hereby 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 all other like empowered.

**SIGNATURE:** LINDSY MOTT

T

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date