
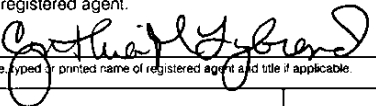



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90038 016 ***158.75

DOCUMENT # K46047 1. Entity Name CASEY'S INDIAN RIVER FRUIT, INC.					
Principal Place of Business CASEY'S INDIAN RIVER FRUIT 2790 ST. RD 44 NEW SMYRNA BEACH, FL 32168			Mailing Address CASEY'S INDIAN RIVER FRUIT 2790 ST. RD 44 NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2927241	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MANIERE, THOMAS 2617 COW CREEK RD. EDGEWATER, FL 32141			Name CYNTHIA M LYBRAND Street Address (P.O. Box Number is Not Acceptable) 128 Canal Street City New Smyrna Beach FL Zip Code 32168		
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  Cynthia M Lybrand 1/25/07 <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, 2007 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	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANIERE, THOMAS		NAME	Maniere, Thomas	
STREET ADDRESS	2617 COW CREEK RD.		STREET ADDRESS	2617 Cow Creek Rd.	
CITY - ST - ZIP	EDGEWATER, FL		CITY - ST - ZIP	Edgewater FL 32141	
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kevin T Wholly	
STREET ADDRESS			STREET ADDRESS	1781 Beaver Cir	
CITY - ST - ZIP			CITY - ST - ZIP	Deltona FL 32938	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Michelle Kessler	
STREET ADDRESS			STREET ADDRESS	1563 Lewis Lane	
CITY - ST - ZIP			CITY - ST - ZIP	New Smyrna Beach, FL 32168	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X  Kevin Thomas Wholly President 1-25-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					