

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K76933

FILED
May 03, 2005
Secretary of State

Entity Name: COLLIER COUNTY PRODUCE, INC.

Current Principal Place of Business:

4206 MERCANTILE AVE
4206 MERCANTILE AVE
NAPLES, FL 34104 US

New Principal Place of Business:

4206 MERCANTILE AVE
NAPLES, FL 34104 US

Current Mailing Address:

P.O. BOX 7309
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0114172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL VOLPE
801 ANCHOR RODE DRIVE
SUITE 301
NAPLES, FL 33940 US

Name and Address of New Registered Agent:

MICHAEL VOLPE
C/O ROBINS, KAPLAN, MILLER & CIRESI, LLP
711 FIFTH AVE. SO., SUITE 201
NAPLES, FL 34102 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:

05/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROBERTS, JACK DP
Address: 3500 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL

Title: V () Delete
Name: PIERCE, WARREN V
Address: 3 UNIVERSITY AVE.
City-St-Zip: BURLINGTON, MA

Title: CFO () Delete
Name: HOPGOOD, ROBERT CFO
Address: 100 WYNDEMERE WAY # 102
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACK ROBERTS

DP

05/03/2005

Electronic Signature of Signing Officer or Director

Date