

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L04207

FILED
Feb 04, 2005
Secretary of State

Entity Name: IMMOKALEE PRODUCE SHIPPERS, INC.

Current Principal Place of Business:

2055 N. GROVE LANE
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 72
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 59-2858634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, RICHARD D
2055 N. GROVE LANE
IMMOKALEE, FL 33934 US

Name and Address of New Registered Agent:

LEVINE, RICHARD D
2055 N. GROVE LANE
IMMOKALEE, FL 34142 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: _____

Electronic Signature of Registered Agent

02/04/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEVINE, RICHARD D
Address: 1207 LEE ST
City-St-Zip: IMMOKALEE, FL

Title: T () Delete
Name: LEVINE, RICHARD D
Address: 1207 LEE ST
City-St-Zip: IMMOKALEE, FL

Title: S () Delete
Name: LEVINE, BARBARA
Address: 1207 LEE ST.
City-St-Zip: IMMOKALEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEVINE, RICHARD D
Address: 1207 LEE ST
City-St-Zip: IMMOKALEE, FL 34142

Title: T (X) Change () Addition
Name: LEVINE, RICHARD D
Address: 1207 LEE ST
City-St-Zip: IMMOKALEE, FL 34142

Title: S (X) Change () Addition
Name: LEVINE, BARBARA
Address: 1207 LEE ST.
City-St-Zip: IMMOKALEE, FL 34142

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: RICHARD D LEVINE SR.

Electronic Signature of Signing Officer or Director

PRES

02/04/2005

Date