2004 FOR PROFIT CORPORATION
ANNUAL REPORT

## DOCUMENT # L17761

t. Entity Name

ROBERT ERNESTON PRODUCE, INC.



FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business

%ROBERTC. ERNESTON 630 SE FLAGER AVE STUART, FL 34994 US Mailing Address

%ROBERT C. ERNESTON 630 SE FLAGER AVE STUART, FL 34994 U



## DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

04132004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 65-0145875 Not Applied bis 8.75 Additional

5. Certificate of Status Desired

\$8.75 Additional Fee Required

ON, ROBERT C.

ERNESTON, ROBERT C. 8475 SE MANGROVE ST HOBE SOUND, FL 33455

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or primed name of registered agont and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May 8e Added to Fees		
10.	OFFICERS AND DIREC	TORS	<u> </u>		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ERNESTON, ROBERT C. 8475 SE MANGROVE STREET HOBE SOUND, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ERNESTON, PATTI L. 8475 SE MANGROVE STREET HOBE SOUND, FL				U00000114637 U4/15/U4-80058-019	3 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<del>-</del>	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; 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.						