2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44197

Entity Name: PACIFIC COLLIER FRESH COMPANY

FILED Apr 06, 2005 Secretary of State

Thur, Name The Collect Restriction Att					
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	HARVEST RD E, FL 34142	US			
Current Mailing Address:			New Mailir	New Mailing Address:	
2600 GOLDEN GATE PARKWAY NAPLES, FL 34105 US					
FEI Number: 65-0191339 FEI Number Applied For () FEI Number			El Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
LOUKONEN, EVERETT D 1320 N 15TH ST IMMOKALEE, FL 34142 US					
The above in the State		ubmits this statement for the purp	ose of changing it	s registered office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () ESFORMES, JOS 925 NEW HARVE IMMOKALEE, FL	EST RD	Title: Name: Address: City-St-Zip:	P/D (X) Change () Addition ESFORMES, JOSEPH E 925 NEW HARVEST RD IMMOKALEE, FL 34142	
Title: Name: Address: City-St-Zip:	TD () ENGLISH, J EDV 925 NEW HARVE IMMOKALEE, FL	EST RD	Title: Name: Address: City-St-Zip:	T/D (X) Change () Addition ENGLISH, J EDWIN 925 NEW HARVEST RD IMMOKALEE, FL 34142	
Title: Name: Address: City-St-Zip:	D () EFALK, HARRY H 925 NEW HARVE IMMOKALEE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[MARINELLI, PAU 2600 GOLDEN G NAPLES, FL 34	ATE PARKWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD ()[COLLIER, BARR 2600 GOLDEN G NAPLES, FL 34	ATE PARKWAY	Title: Name: Address: City-St-Zip:	C/D (X) Change () Addition COLLIER, BARRON III 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	
Title: Name: Address: City-St-Zip:	SD () [LOUKONEN, EVE 1320 N 15T ST IMMOKALEE, FL		Title: Name: Address: City-St-Zip:	S/D (X) Change () Addition LOUKONEN, EVERETT D 1320 N 15T ST 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: PAUL J MARINELLI D 04/06/2005