

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003779

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA FRESH SQUEEZED CORP.

Current Principal Place of Business:

302 S MASSACHUSETTS AVE
SUITE 203
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 1113
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 20-8819146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINNEY, RICHARD J
302 S. MASSACHUSETTS AVE
SUITE 203
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: HUNT, FRANK M III
Address: P.O. BOX 631
City-St-Zip: LAKE WALES, FL 33859

Title: VC () Delete
Name: FORT, RICHARD A JR.
Address: 221 WEST BROADWAY
City-St-Zip: FT. MEADE, FL 33841

Title: BOD () Delete
Name: BROADAWAY, DENNIS P
Address: PO BOX 337
City-St-Zip: HAINES CITY, FL 33845

Title: BOD () Delete
Name: CALLAHAM, STEVEN B
Address: PO BOX 1739
City-St-Zip: DUNDEE, FL 33838

Title: BOD () Delete
Name: FARRINGTON, RAPHORD
Address: PO BOX 127
City-St-Zip: FROSTPROOF, FL 33843

Title: BOD () Delete
Name: ROE, QUENTIN J
Address: PO BOX 900
City-St-Zip: WINTER HAVEN, FL 33882

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:

Title: () Change () Addition
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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 exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN B CALLAHAM

BOD

01/16/2009

Electronic Signature of Signing Officer or Director

Date