

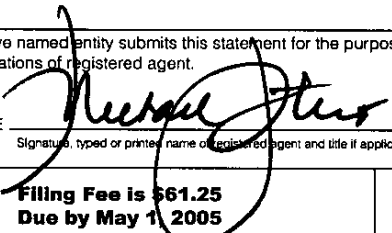
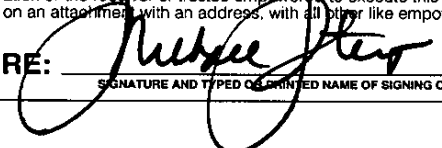


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90047 041 \*\*\*\*61.25

<b>DOCUMENT # N32697</b> 1. Entity Name <b>FLORIDA FRUIT &amp; VEGETABLE ASSOCIATION POLITICAL ACTION COMMITTEE, INCORPORATED</b>					
Principal Place of Business <b>4401 E COLONIAL DRIVE ORLANDO, FL 32803 US</b>				Mailing Address <b>P.O. BOX 140155 ORLANDO, FL 32814-0155</b>	
2. Principal Place of Business <b>800 Trafalgar Court</b> Suite, Apt. #, etc. <b>Suite 200</b>		3. Mailing Address <b>P.O. Box 948153</b> Suite, Apt. #, etc.			
City & State <b>Maitland, FL</b>		City & State <b>Maitland, FL</b>		4. FEI Number <b>59-2995677</b>	
Zip <b>32751</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>STUART, MICHAEL J 4401 EAST COLONIAL DR ORLANDO, FL 32803</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>800 Trafalgar Court, Suite 200</b> City <b>Maitland, FL</b> Zip Code <b>32751</b>	
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 		<b>Michael J. Stuart</b>		<b>3/17/05</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STUART, MICHAEL J 4401 E. COLONIAL DR. ORLANDO, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800 Trafalgar Court, Suite 200 Maitland, FL 32751</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, N P 18400 SW 256TH ST HOMESTEAD, FL 33031	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURE, DAN 4820 RIVERVIEW BLVD., WEST BRADENTON, FL 34209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEILL, DAVID 2709 MCNEIL RD FORT PIERCE, FL 34981	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, NAT 4001 SEMINOLE PRATT-WHITNEY RD LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		<b>Michael J. Stuart</b> <b>3/17/05 (321) 214-5200</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			