2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000064632

1. Entity Name
SUMMER BREEZE FRUIT COMPANY

Principal Place of Business	Mailing Address
1011 SW 112 ST GAINESVILLE, FL 32607	1011 SW 112 ST GAINESVILLE, FL 32607

DO NOT WRITE IN THIS SPACE

03132003 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3657165
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPREEN, THOMAS
1011 SW 112TH STREET
GAINESVILLE, FL 32607

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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: Thomas H Spreen 7/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEHR, ROBERT M
STREET ADDRESS	2625 HOLLINGSWORTH HILL AVE.
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	SPREEN, THOMAS H
STREET ADDRESS	1011 SW 112TH ST.
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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07/26/04-80012-013 550.00

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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 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.

SIGNATURE: Thomas H Spreen 7/23/04 352-332-6685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #