


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90101 035 \*\*\*150.00

DOCUMENT # P01000033677		
1. Entity Name EAGLE PRODUCE SALES, INC.		

Principal Place of Business 3113 STONEWATER DRIVE LAKELAND FL 33803	Mailing Address 3113 STONEWATER DRIVE LAKELAND FL 33803
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2. Principal Place of Business - No P.O. Box # 5417 HIGHLANDS VISTA CIRCLE Suite, Apt. #, etc.	3. Mailing Address 5417 HIGHLANDS VISTA CIRCLE Suite, Apt. #, etc.
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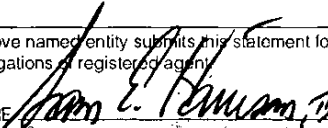
1st MOORE CR2E034 (10/06)

City & State LAKELAND, FL.	City & State LAKELAND, FL.	4. FEI Number 59-3721844	Applied For <input type="checkbox"/> Not Applicable
Zip 33812	Country USA	Zip 33812	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HARRISON, SAMUEL E 3113 STONEWATER DRIVE LAKELAND FL 33803	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5417 HIGHLANDS VISTA CIRCLE City LAKELAND FL Zip Code 33812	
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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  SAMUEL E. HARRISON/ PRESIDENT	DATE 4/28/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC HARRISON, SAMUEL E III 3113 STONEWATER DRIVE LAKELAND FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVSTCD HARRISON, SAMUEL E III 5417 HIGHLANDS VISTA CIRCLE LAKELAND, FL. 33812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTSD HARRISON, THERESA A 3113 STONEWATER DR. LAKELAND FL 33803 <input checked="" 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	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	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	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	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 exemptions contained in Section 119, 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  SAMUEL E. HARRISON	DATE 4/28/07	DAYTIME PHONE # 863-698-8307
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