


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000086070	
1. Entity Name THOMAS FRESH PRODUCE, INC.	

Principal Place of Business 9905 CLINT MOORE ROAD BOCA RATON, FL 33496-1016	Mailing Address 9905 CLINT MOORE ROAD BOCA RATON, FL 33496-1016
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DO NOT WRITE IN THIS SPACE



06102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1133585	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, ANDREW J
2335 E ATLANTIC BLVD, SUITE 301
POMPANO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, PETER J 9905 CLINT MOORE ROAD BOCA RATON, FL 334961016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JEFFREY 9905 CLINT MOORE ROAD BOCA RATON, FL 334961016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, NORMAN 9905 CLINT MOORE ROAD BOCA RATON, FL 334961016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUMBLE, THEO JR 9905 CLINT MOORE ROAD BOCA RATON, FL 334961016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JOHN JR 9905 CLINT MOORE ROAD BOCA RATON, FL 334961016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, STEPHEN 9905 CLINT MOORE ROAD BOCA RATON, FL 334961016

U00000953229
06/18/08-80002-017 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Stephen Thomas 5/1/08 561-482-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #