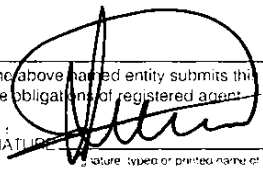


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90002 034 ***150.00

DOCUMENT # P02000016760					
1. Entity Name JOHN'S GARDEN PRODUCE, INC.					
Principal Place of Business 1739 TYRONE BLVD. N. ST PETERSBURG, FL 33710			Mailing Address 1739 TYRONE BLVD.N. ST PETERSBURG, FL 33710		
2. Principal Place of Business - No P.O. Box # 11500 WALSHINGHAM RD.		3. Mailing Address 11500 WALSHINGHAM RD		08222007 Chg-P CR2E034 (12/06)	
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number 75-2998284	
City & State LARGO FL		City & State LARGO FL		Applied For Not Applicable	
Zip 33778		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33778		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SYRILLAS, ATHANASIOS 1739 TYRONE BLVD. N. ST PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name: SYRILLAS, ATHANASIOS Street Address (P.O. Box Number is Not Acceptable) 11500 WALSHINGHAM RD City: LARGO FL Zip Code: 33778		
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: 		ATHANASIOS SYRILLAS 8/28/07 DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SYRILLAS, ATHANASIOS		NAME		
STREET ADDRESS	1739 TYRONE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERZIDIS, VASSILIKI		NAME		
STREET ADDRESS	1739 TYRONE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		PRES. ATHANASIOS SYRILLAS		8/28/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Division Phone #	