


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90077 029 \*\*\*150.00

<b>DOCUMENT # P02000060502</b>	
1. Entity Name <b>R &amp; D PRODUCE, INC.</b>	

Principal Place of Business <b>1155 MALABAR ROAD NE SUITE #4 PALM BAY FL 32907 US</b>	Mailing Address <b>1697 PARAKEET CT. MELBOURNE FL 32935 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>1155 Malabar Rd, NE #4</b>  Suite, Apt. #, etc.
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City & State <b>Palm Bay, FL</b>	City & State <b>Palm Bay, FL</b>
Zip <b>32907</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  <b>KADETS, DEBORAH R 1697 PARAKEET CT. MELBOURNE FL 32935</b>	
7. Name and Address of New Registered Agent Name <b>Kadets, Deborah R</b> Street Address (P.O. Box Number is Not Acceptable) <b>1155 Malabar Rd, NE, #4</b> City <b>Palm Bay</b> FL <b>32907</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 *Deborah R Kadets* **Deborah R Kadets** **4/26/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS KADETS, DEBORAH R 1697 PARAKEET CT. MELBOURNE FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS Kadets, Deborah R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1155 Malabar Rd, NE, #4 Palm Bay, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KADETS, RICHARD E 1697 PARAKEET CT. MELBOURNE FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Kadets, Richard E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1155 Malabar Rd, NE, #4 Palm Bay, FL 32907
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 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: *Deborah R Kadets*, Sec. Deborah R Kadets, Sec 4/26/04 321-768-1447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #