


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000009575</b> 1. Entity Name <b>SUN STATE PRODUCE, INC.</b>	
--	---



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1170333</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>LAND, ANNETTE B 203 SE US 27 BRANFORD, FL 32008</b>
---

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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 JONES, DANIEL WAYNE 1733 MORNING DRIVE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, WILLIAM PAUL 12740 LAKE RIDGE CIRCLE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPOUSE, WADE THOMAS P.O. BOX 1030 TIFTON, GA 31773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAND, RAYMOND J. P.O. BOX 394 BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAND, ANNETTE B P.O. BOX 394 BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000172706  
01/06/05-80008-008 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** Annette B. Land **Annette B. Land** 1/4/05 386-935-6234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Sec/Treasurer