

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000012588

FILED
Mar 15, 2007
Secretary of State**Entity Name:** FOUR SEASONS PRODUCE OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**1307 W. MARTIN LUTHER KING BOULEVARD
UNIT #1
PLANT CITY, FL 33566**New Principal Place of Business:**1303 W. MARTIN LUTHER KING BOULEVARD
UNIT #1
PLANT CITY, FL 33566**Current Mailing Address:**1307 W. MARTIN LUTHER KING BOULEVARD
UNIT #1
PLANT CITY, FL 33566**New Mailing Address:**P.O. BOX 4469
PLANT CITY, FL 33563**FEI Number:** 83-0347391**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KERN, THOMAS M
1307 W. MARTIN LUTHER KING BOULEVARD
UNIT #1
PLANT CITY, FL 33566 US**Name and Address of New Registered Agent:**KERN, THOMAS M
1303 W. MARTIN LUTHER KING BOULEVARD
UNIT #1
PLANT CITY, FL 33566 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

03/15/2007

Date

OFFICERS AND DIRECTORS:

Title: TRES () Delete
Name: ROBERTS, GARY S T,D
Address: 106 BISMARCK COURT
City-St-Zip: OCOEE, FL 34761 US

Title: VP () Delete
Name: KELLY, OVA F VP,D
Address: 225 HAMMOCK DUNES
City-St-Zip: ORLANDO, FL 32828 US

Title: PRES () Delete
Name: KERN, THOMAS M P,D
Address: 3020 SUTTON WOODS DRIVE
City-St-Zip: PLANT CITY, FL 33567 US

Title: SEC () Delete
Name: LADD, ROBERT M S,D
Address: 721 ARGYLE PLACE
City-St-Zip: TAMPA, FL 33617 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS KERN

Electronic Signature of Signing Officer or Director

PRES

03/15/2007

Date