

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000023077

1. Entity Name
SEVERT & SONS PRODUCE COLUMBIA, INC.



Principal Place of Business
**3725- B STATE ROAD 16
ST. AUGUSTINE FL 32092
US**

Mailing Address
**3725- B STATE ROAD 16
ST. AUGUSTINE FL 32092
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **06-1683369** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PLATT, BENJAMIN L
1200 PLANTATION ISLAND DR.
STE. 230
ST. AUGUSTINE FL 32080**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 constituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SEVERT, MICHAEL 3725- B STATE ROAD 16 ST. AUGUSTINE FL 32092 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000521439 05/02/06-80134-017 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SEVERT, DANIEL 3725- B STATE ROAD 16 ST. AUGUSTINE FL 32092 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 officer or trustee empowered to execute this report as required by Chapter 689, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an amendment with my address, with all other like empowers.

SIGNATURE: *Melisa Crenshaw* *Melisa Crenshaw* 4-14-06 803-256-1721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #