


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000023077</b>	
<b>1. Entity Name</b> SEVERT & SONS PRODUCE COLUMBIA, INC.	

<b>Principal Place of Business</b> 3725- B STATE ROAD 16 ST. AUGUSTINE, FL 32092 US	<b>Mailing Address</b> 3725- B STATE ROAD 16 ST. AUGUSTINE, FL 32092 US
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**DO NOT WRITE IN THIS SPACE**



03132007 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 06-1683369	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

PLATT, BENJAMIN L  
1200 PLANTATION ISLAND DR.  
STE. 230  
ST. AUGUSTINE, FL 32080

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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 Melisa Greenshaw Melisa Greenshaw 3/13/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	P
<b>NAME</b>	SEVERT, MICHAEL
<b>STREET ADDRESS</b>	3725- B STATE ROAD 16
<b>CITY-ST-ZIP</b>	ST. AUGUSTINE, FL 32092
<b>TITLE</b>	V
<b>NAME</b>	SEVERT, DANIEL
<b>STREET ADDRESS</b>	3725- B STATE ROAD 16
<b>CITY-ST-ZIP</b>	ST. AUGUSTINE, FL 32092
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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03/27/07-00062-026 150.00

**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:** Mike Severt 3/13/07 888.286.1721  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #