


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

07-12-2005 90038 032 \*\*\*633.67

<b>DOCUMENT # P03000111233</b>	
1. Entity Name <b>ST. CLAIR'S PRODUCE, INC.</b>	

Principal Place of Business <b>3812 W. HIGHWAY 98 PANAMA CITY, FL 32401</b>	Mailing Address <b>3812 W. HIGHWAY 98 PANAMA CITY, FL 32401</b>
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2. Principal Place of Business <b>1121 Hub Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>1121 Hub Drive</b> Suite, Apt. #, etc.
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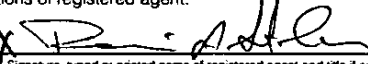
City & State <b>Panama City FL</b>	City & State <b>Panama City FL</b>
Zip <b>32401</b>	Zip <b>32401</b>
Country <b>USA</b>	Country <b>USA</b>



05092005 Chg-P CR2E034 (10/03)

4. FEI Number <b>27-0069243</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ST. CLAIR, DARRIN 3812 W. HIGHWAY 98 PANAMA CITY, FL 32401</b>	
7. Name and Address of New Registered Agent Name <b>1121 Hub Drive</b> Street Address (P.O. Box Number is Not Acceptable) City <b>Panama City</b> <b>FL</b> Zip Code <b>32401</b>	

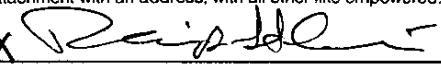
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Darrin St. Clair CEO** **7-8-05**  
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 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ST. CLAIR, DARRIN 3812 W. HIGHWAY 98 PANAMA CITY, FL 32401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>St. Clair, Darrin 1121 Hub Drive Panama City FL 32401</b> <input checked="" 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
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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:  **Darrin St. Clair CEO** **7-8-05** **2277**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #