2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000111233

1. Entity Name
ST. CLAIR'S PRODUCE, INC.

Principal Place of Business	Mailing Address
1121 HUB DRIVE	1121 HUB DRIVE
PANAMA CITY, FL 32401	PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

05232008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
27-0069243	Not Applicable

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

6. Name and Address of Current Registered Agent

ST. CLAIR, DARRIN
1121 HUB DRIVE
PANAMA CITY, FL 32401

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 12, 2008**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ST. CLAIR, DARRIN
STREET ADDRESS	1121 HUB DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32401

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: _____Darrin A St Clair_____ 5/30/08 258-4120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #