


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90044 031 ***150.00

DOCUMENT # P03000154722	
1. Entity Name SUNSHINE STATE PRODUCE, INC.	

Principal Place of Business 30003 S.W. 197 AVENUE HOMESTEAD FL 33030	Mailing Address P.O. BOX 343547 FLORIDA CITY FL 33034
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2. Principal Place of Business 180 N.W. LAKE VALLEY TERR.	3. Mailing Address 180 N.W. LAKE VALLEY TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State LAKE CITY FL	City & State LAKE CITY, FL
Zip 32055	Zip 32055
Country USA	Country USA

4. FEI Number 20-0528404	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANFILIPPO, MICHAEL J P.O. BOX 343547 FLORIDA CITY FL 33034	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 180 N.W. LAKE VALLEY TERR. City LAKE CITY FL Zip Code 32055
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANFILIPPO, MICHAEL J P.O. BOX 343547 FLORIDA CITY FL 33034 <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	VP SANFILIPPO, MARY P.O. BOX 343547 FLORIDA CITY FL 33034 <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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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 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: Michael J. Sanfilippo MICHAEL J. SANFILIPPO 2-2-06 (786) 226-3070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #