2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State
04-28-2005 90160 027 ***150.00

DOCUMENT # P04000027970

1. Entity Name
FRUITBELT FARMS, INC.

Principal Place of Business	Mailing Address
5124 BIRD LANE WINTER HAVEN, FL 33884 US	5124 BIRD LANE WINTER HAVEN, FL 33884 US

04232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	PO Box 310112
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TAMPA Florida
Zip / Country	Zip: 33680 Country: US

4. FEI Number: 20 0712827 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, DAVID C
5124 BIRD LANE
WINTER HAVEN, FL 33884

7. Name and Address of New Registered Agent

Name: DAvid C. RoberTS
Street Address (P.O. Box Number is Not Acceptable): 210 N. LAke Shore WAy
City: LAke Alfred FL Zip Code: 33850

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] DavidC. RoberTS 4/23/05
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P,VP ROBERTS, DAVID C 5124 BIRD LANE WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition 210 N. LAKe Shore Way LAKe Alfred FL 33850
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S/T ROBERTS, DAVID C 5124 BIRD LANE WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition 210 N. Lake ShoreWay LakeAlfred FL 33850
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: [signature] Sec. DAvid C. Roberts Sec. 4/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR