2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000003229

1. Entity Name

ANTHONY J. PIEDIMONTE PRODUCE COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
3011 MANATEE AVENUE RUSKIN FL 33570-2809	3011 MANATEE AVENUE RUSKIN FL 33570-2809

2. Principal Place of Business	3. Mailing Address
Suite. Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

1st MOORE   CR2E034 (10/05)

4. FEI Number 20-2122755   ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIEDIMONTE, ANTHONY
3011 MANATEE AVENUE
RUSKIN FL 33570-2809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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.
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 IN 11	
TITLE: P NAME: PIEDIMONTE, ANTHONY STREET ADDRESS: 3011 MANATEE AVENUE CITY-ST-ZIP: RUSKIN FL 33570-2809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VP NAME: PIEDIMONTE, LORRAINE STREET ADDRESS: 3011 MANATEE AVENUE CITY-ST-ZIP: RUSKIN FL 33570-2809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _Anthony J Piedimonte_   2/22/06

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