


**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000003229</b> 1. Entity Name ANTHONY J. PIEDIMONTE PRODUCE COMPANY OF FLORIDA	
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Principal Place of Business  
3011 MANATEE AVENUE  
RUSKIN, FL 33570-2809

Mailing Address  
3011 MANATEE AVENUE  
RUSKIN, FL 33570-2809

**DO NOT WRITE IN THIS SPACE**

**(P05000003229P)**

01242008 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000831521  
02/27/08-80023-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIEDIMONTE, ANTHONY 3011 MANATEE AVENUE RUSKIN, FL 335702809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIEDIMONTE, LORRAINE 3011 MANATEE AVENUE RUSKIN, FL 335702809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08 813-645-4047

Date

Daytime Phone #