

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000049813

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** JAMES O. GLOVER PRODUCE, INC.

**Current Principal Place of Business:**

2919 NW 17TH AVE.  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

2919 NW 17TH AVE.  
OCALA, FL 34475

**New Mailing Address:**

**FEI Number:** 52-2454256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BOYNTON, ANGIE  
1905 WEST SILVER SPRINGS BLVD  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GLOVER, JAMES O.  
Address: 2919 NW 17TH AVE.  
City-St-Zip: OCALA, FL 34475

Title: VPS  
Name: GLOVER, ROSA  
Address: 2919 NW 17TH AVE.  
City-St-Zip: OCALA, FL 34475

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES O GLOVER

PRES

02/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date