## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000129124

RICHARD, MILLICENT

7725 MANOR DRIVE

LAKELAND, FL 33810

Name:

Address:

City-St-Zip:

FILED Jul 21, 2006 Secretary of State

Entity Nar	ne: FAMIL`	Y ONE CARIBBEA	N PRODUCE IN	/C				
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
3025 DUFF LAKELAND	F ROAD D, FL 33810	)						
Current Mailing Address:				New Mailing Address:				
3025 DUFF LAKELAND	F ROAD D, FL 33810	)						
FEI Number:	06-1756512	FEI Number Ap	plied For ( )	FEI Number Not Appl	icable ( )	Certificate of St	atus Desired ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
7725 MAN	MILLICEN <sup>-</sup> OR DRIVE D, FL 33810			BOWICK, I 7749 MANG LAKELANI		US		
The above in the State		ty submits this stat	ement for the pu	urpose of changing i	ts registered	office or register	red agent, or both,	
SIGNATURE: LEONIE BOWICK						07/21/2	006	
	Elect	ronic Signature of I	Registered Ager	nt		Date		
		.193(2)(b), F.S., the coing Trust Fund Cont	•	receive the prior notic	e.			
OFFICERS	S AND DIRI	ECTORS:		ADDITION	S/CHANGES	S TO OFFICERS	S AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P BOWICK, LI 7749 MANO LAKELAND,	R DRIVE		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addit	ion	
Title: Name: Address: City-St-Zip:	P JAMES, LES 7749 MANO LAKELAND,	R DRIVE		Title: Name: Address: City-St-Zip:	(	) Change ()Addit	ion	
Title: Name: Address: City-St-Zip:	P RICHRD, GA 7725 MANO LAKELAND,	R DRIVE		Title: Name: Address: City-St-Zip:	T (. LEOPOLD, IS 7749 MANOR LAKELAND, F	DRIVE	tion	
Title:	Р	(X) Delete		Title:	(	) Change ( ) Addit	ion	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LEONIE BOWICK Ρ 07/21/2006