## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 15, 2007 8:00 am Secretary of State DOCUMENT # P06000119680 02-15-2007 90049 011 \*\*\*150.00 HARRYS FRESH PRODUCE & MORE, INC. Principal Place of Business Mailing Address 1039 SPANISH OAKS BLVD 1039 SPANISH OAKS BLVD PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01122007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOUNDROS, HARRY Street Address (P.O. Box Number is Not Acceptable) 1039 SPANISH OAKS BLVD PALM HARBOR, FL 34683 Zip Code FL 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 pented name of registered agent and tide if applicable. (NOTE: Registered Agent signatura regulined when reinstaine) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THILE ☐ Delete TITLE ☐ Change Addition MOUNDROS, HARRY NAME NAME STREET ADDRESS 1039 SPANISH OAKS BLVD STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST+ZIP THILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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

H DIRECTOR

of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered.

**FILED** 

er 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if

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