

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000010190

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: FRESH FRUIT FOR FRESH JUICE COMPANY, INC.

## Current Principal Place of Business:

302 S. MASSACHUSETTS AVE  
SUITE 203  
LAKELAND, FL 33801 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1113  
LAKELAND, FL 33802 US

## New Mailing Address:

FEI Number: 20-2001758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LSEB AGENT SERVICES, INC.  
390 N. ORANGE AVE.  
SUITE 600  
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CALLAHAM, STEVEN B  
Address: 111 1ST ST. NORTH  
City-St-Zip: DUNDEE, FL 33838 US

Title: VP ( ) Delete  
Name: SALLIN, MICHEL  
Address: 7836 CHERRY LAKE ROAD  
City-St-Zip: GROVELAND, FL 34736 US

Title: S/T ( ) Delete  
Name: BROADAWAY, DENNIS  
Address: # 8 RAILROAD AVE.  
City-St-Zip: HAINES CITY, FL 33844 US

Title: O/D ( ) Delete  
Name: STATES, BOB  
Address: 1900 OLD DIXIE HWY.  
City-St-Zip: FT. PIERCE, FL 34946 US

Title: O/D ( ) Delete  
Name: GRAY, LARRY  
Address: 700 S. SCENIC HWY  
City-St-Zip: FROSTPROOF, FL 33843 US

Title: O/D ( ) Delete  
Name: BLACK, LARRY  
Address: 221 WEST BROADWAY  
City-St-Zip: FT. MEADE, FL 33841 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: STEVEN B. CALLAHAM

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date