2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000081003

Entity Name: 44 PRODUCE INC

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1090 FOREST DR. FAVARES, FL 32778				9440 COUNTY ROAD 44 LEESBURG, FL 34788	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	REST DR. S, FL 32778				
El Number	r: 38-3789965	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
lame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
090 FOR	MARION REST DR. B, FL 32778	US			
	e named entity e of Florida.	\prime submits this statement for the μ	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
lection Ca	mpaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
ïtle: lame: ddress: city-St-Zip:	PVST (BOWEN, MAF 1090 FORES TAVARES, FL	T DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
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itle: lame: ddress: city-St-Zip:	D (TAYLOR, ENG 1090 FORES		Title: Name:	() Change () Addition	
nty-St-Zip.	TAVARES, FL		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: MARION BOWEN PRES 04/27/2009