

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000017595

Entity Name: CORBETT'S PRODUCE, INC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

166 CORBETT LANE  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

166 CORBETT LANE  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 27-5462206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORBETT, CAROL M  
166 CORBETT LANE  
CRAWFORDVILLE, FL 32327 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: P  
Name: CORBETT, CAROL M  
Address: 166 CORBETT LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D  
Name: CORBETT, WILLIAM H JR.  
Address: 229 CORBETT LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D  
Name: NABORS, KIMBERLY C  
Address: 166 CORBETT LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: CAROL M. CORBETT

PRES

04/24/2012

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

\_\_\_\_\_  
Date