

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90207 048 \*\*\*150.00

**DOCUMENT # P92000008974**

1. Entity Name

CITY PRODUCE OF FORT WALTON BEACH, INC.



Principal Place of Business

765 N BEAL PKWY  
FT WALTON BEACH, FL 32548

Mailing Address

765 N BEAL PKWY  
FT WALTON BEACH, FL 32548

**14005953**



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3177713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIALS, MARY S  
7748 SUNFISH LN  
MILTON, FL 32583

**DO NOT WRITE  
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RIALS, MARY S
STREET ADDRESS	7748 SUNFISH LN
CITY-ST-ZIP	MILTON, FL 32583
TITLE	VP
NAME	SUNDY, CECIL H JR.
STREET ADDRESS	765 N BEAL PKWY
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	S
NAME	SUNDY, MARY C
STREET ADDRESS	765 N BEAL PKWY
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	T
NAME	SUNDY, CECIL H SR
STREET ADDRESS	765 N BEAL PKWY
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/05**  
Date

**(850) 382-5018**  
Daytime Phone #