2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000046039

1. Entity Name INTERNATIONAL FRUIT MARKETING, INC.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

1201 S. ORLANDO AVE.

1201 S. OKLANDO AV STE 340

WINTER PARK, FL 32789

Mailing Address

1201 S. ORLANDO AVE.

STE 340

WINTER PARK, FL 32789



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEYES, ROBERT E 1201 S. ORLANDO AVE. SUITE 340 WINTER PARK, FL 32789

SIGNATURE:

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, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HAYS, WILLIAM E 104 CORTLAND AVENUE WINTER PARK, FL 32789				1900000146969 13 04 04 48 0070 - 018 150 00
title Name Street address City-St-Zip					13 11-1,194-911170-018 150 0C
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY ST-ZIP					
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					

D NAME OF SIGNING OFFICER OR DIRECTOR