

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000047275

1. Entity Name
FRUIT GROWERS OF DUNDEE, INC.



Principal Place of Business
**7400 STATE RD 544
WINTER HAVEN, FL 33881**

Mailing Address
**3655 NORTHOME ROAD
WAYZATA, MN 55391-3020**



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0421420

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THOMPSON, JAMES
C/O CLAY TERRY -
225 E PARK AVENUE
LAKE WALES, FL 33859**

**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	P
NAME	LILLY, JOHN
STREET ADDRESS	3655 NORTHOME ROAD
CITY-ST-ZIP	WAYZATA, MN 55391
TITLE	VP
NAME	MOORE, KATHERINE
STREET ADDRESS	3655 NORTHOME ROAD
CITY-ST-ZIP	WAYZATA, MN 55391
TITLE	VPST
NAME	KANGIS, HARRY J
STREET ADDRESS	30 OBSERVATORY HILL
CITY-ST-ZIP	CINCINNATI, OH 45208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/05-80015-019 158.75

**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)(f), 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

2/22/05

Date

612-330-5066

Daytime Phone #