

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90732 001 ***150.00

DOCUMENT # P94000033218

1. Entity Name

K. C.'S PRODUCE, INC.



Principal Place of Business

2275 EAST BAYA AVENUE
LAKE CITY, FL 32055

Mailing Address

2275 EAST BAYA AVENUE
LAKE CITY, FL 32055



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3242924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEELEY, CHARLES
RTE. 14, BOX 8P
LAKE CITY, FL 32024

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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 Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME NEELEY, CHARLES
STREET ADDRESS RT 15 BOX 3086
CITY-ST-ZIP LAKE CITY, FL 32304

TITLE V
NAME NEELEY, CHRISTOPHER
STREET ADDRESS 2275 EAST BAYA AVE.
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE S
NAME TAYLOR, ROBYN
STREET ADDRESS 2275 EAST BAYA AVE.
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #