

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90095 036 \*\*\*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



05022005 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

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**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

**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 another like empowered.

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

*Charles Neeley, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/05*  
Date

Daytime Phone # \_\_\_\_\_