

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90322 044 ***150.00

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1. Entity Name
CRITTENDEN - LANGLEY FRUIT COMPANY, INC.



Principal Place of Business
**15 S KISSIMMEE AVE
OCOE, FL 34761**

Mailing Address
**P.O. BOX 561079
ORLANDO, FL 32856 US**

60025481

2. Principal Place of Business
**3437 Borage Drive
Suite, Apt. #, etc. # 507**

3. Mailing Address
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

Zip
32812 Country
USA

Zip Country



01102006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3241995 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHUUR, HARRY J
15 SOUTH KISSIMMEE AVENUE
OCOE, FL 34761**

Name
Street Address (P.O. Box Number is Not Acceptable)

**3437 Borage Drive - #507
City Orlando FL Zip Code 32812**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CRITTENDEN, EARL M
STREET ADDRESS 1023 PINAR DR
CITY-ST-ZIP ORLANDO, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LANGLEY, A. E.
STREET ADDRESS 1831 BETT MAR LANE
CITY-ST-ZIP WINTER PARK, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME SCHUUR, HARRY J III
STREET ADDRESS 3226 DEBBIE DRIVE
CITY-ST-ZIP ORLANDO, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Harry J. Schuur, III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry J. Schuur, III 4-5-06

Date

407-251-6789

Daytime Phone #