2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000035542

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

b00261U6

02132007   Chg-P   CR2E034 (12/06)

Principal Place of Business	Mailing Address
3437 BOCAGE DR 507 ORLANDO, FL 32812	P.O. BOX 561079 ORLANDO, FL 32856 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

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 3437 BOCAGE DR 507 ORLANDO, FL 32812	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City ____ FL Zip Code

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, 2007 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 **NAME** CRITTENDEN, EARL M **STREET ADDRESS** 1023 PINAR DR **CITY-ST-ZIP** ORLANDO, FL	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP** Zip = 32825	☒ Change ☐ Addition
TITLE VD **NAME** LANGLEY, A. E. **STREET ADDRESS** 1831 BETT MAR LANE **CITY-ST-ZIP** WINTER PARK, FL	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP** Zip = 32789	☒ Change ☐ Addition
TITLE ST **NAME** SCHUUR, HARRY J III **STREET ADDRESS** 3226 DEBBIE DRIVE **CITY-ST-ZIP** ORLANDO, FL	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP** Zip = 32806	☒ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition

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 Schuur III_ = Harry J. Schuur, III   2-20-07   407-251-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #