


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90030 040 ***150.00

DOCUMENT # P94000061583	
1. Entity Name PENNANT FRUIT PRODUCTS, INC.	

Principal Place of Business 1200 MARTIN LUTHER KING JR BLVD PLANT CITY, FL 33563	Mailing Address P.O. DRAWER Y PLANT CITY, FL 33564
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01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3262649	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LASKOWITZ, JACK 1200 MARTIN LUTHER KING JR BLVD PLANT CITY, FL 33563

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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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reconstituting)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC GORDON, MELVIN S 1200 MARTIN LUTHER KING JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GORDON, RANDY S 1200 MARTIN LUTHER KING JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SCHULIS, TRACY W 1200 W. DR. MLK JR. BLVD. PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEV Gordon, Mark H 1200 W. DR. MLK JR. Blvd Plant City, FL 33563
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 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: <u>J. Laskowitz, CFO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1/23/06</u> (813) 752-1155 <small>Daytime Phone #</small>