

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000069818

Entity Name: FRESH FARM PRODUCTS, INC.

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

2710 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1513
APOPKA, FL 327041513

New Mailing Address:

FEI Number: 59-3270817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYERS, ROBERT T
5430 MT PLYMOUTH RD
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AYERS, ROBERT T
Address: 5430 MT PLYMOUTH RD
City-St-Zip: APOPKA, FL

Title: SD () Delete
Name: MASSARO, PETER T
Address: 1327 GROVE ST.
City-St-Zip: APOPKA, FL

Title: VD () Delete
Name: SMITH, EDWARD
Address: 2219 MCMAHON COURT
City-St-Zip: ORLANDO, FL 32812

Title: TD () Delete
Name: FULS, LARRY L
Address: 2710 N. O.B.T.
City-St-Zip: ORLANDO, FL 33804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MASSARO, PETER T
Address: 1327 GROVE ST.
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T. AYERS

PD

06/29/2005

Electronic Signature of Signing Officer or Director

Date