

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000094970

1. Entity Name
FLORIDA TROPICAL FRUITS, INC.



Principal Place of Business
6510 SW 130TH AVE
SOUTHWEST RANCHES
FT LAUDERDALE, FL 33330

Mailing Address
6510 SW 130TH AVE
SOUTHWEST RANCHES
FT LAUDERDALE, FL 33330



03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0626789

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAYNE, PATRICK R
6510 SW 130TH AVE
FT LAUDERDALE, FL 33330

**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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

U000000265449
03/16/05-80053-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME LAYNE, PATRICK R
STREET ADDRESS 6510 SW 130TH AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33330

TITLE D
NAME LAYNE, MICHAEL T
STREET ADDRESS 6510 SW 130TH AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(f), 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick R. Layne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-5 954-434-8943
Date Daytime Phone #