2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # P96000019678 1. Entity Name 04-18-2006 90090 018 ***150.00 SOUTHERN SUN PRODUCE, INC. Principal Place of Business Mailing Address 1112 WEST SHELL POINT ROAD RUSKIN FL 33570 1112 WEST SHELL POINT ROAD RUSKIN N. 33570 2. Principal Place of Busine 2107 Sth S Suite, Apt. #, etc. Mailing Address a い Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number 59-3376152 105KIN Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TICHY, MARK R 1112 WEST SHELL POINT ROAD RUSKIN FL 33570 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 the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature typed or printed harne of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 D Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DPTS Change TITLE ☐ Delete ■ Addition 2107 8th 3t. S.W Ruskin, Fl 33570 TICHY, MARK R STREET ADDRESS 1112 WEST SHELL POINT ROAD STREET ADDRESS CITY-ST-ZIP RUSKIN FL 33570 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete THEF ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED