

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000045039

1. Entity Name
SAW PALMETTO BERRIES CO-OP OF FLORIDA, INC.



Principal Place of Business
1206 KINGS WAY
NAPLES, FL 34104

Mailing Address
1206 KINGS WAY
NAPLES, FL 34104 US

DO NOT WRITE IN THIS SPACE

**FILED
Feb 05, 2007 8:00 am
Secretary of State**

02-05-2007 90111 034 ***158.75



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0690565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ZAINO, GREGORY P
1206 KINGSWAY
NAPLES, FL 34104

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAINO, GREGORY P 1206 KINGS WAY NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAINO, ROBERT J SR. 36 GOLF COTTAGE DRIVE NAPLES, FL 34105
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07 239 775-1243
Date Daytime Phone #