

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

02-05-2007 90111 034 \*\*\*158.75

**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**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0690565

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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 D  
NAME ZAINO, GREGORY P  
STREET ADDRESS 1206 KINGS WAY  
CITY-ST-ZIP NAPLES, FL 34104

TITLE D  
NAME ZAINO, ROBERT J SR.  
STREET ADDRESS 36 GOLF COTTAGE DRIVE  
CITY-ST-ZIP NAPLES, FL 34105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/07 239 775-1243