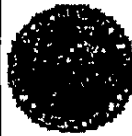


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000061579

1. Entity Name
FLORIDA PALMETTO BERRIES UNLIMITED, INC.



Principal Place of Business
**4685 GOODNO RD.
MOORE HAVEN, FL 33471**

Mailing Address
**4685 GOODNO RD.
MOORE HAVEN, FL 33471**

U00000750279
05/18/07-80057-021 150.00



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0690938

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FULFORD, BOBBY
7230 NW 80 CT
OKEECHOBEE, FL 34972**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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	PD
NAME	FULFORD, BOBBY
STREET ADDRESS	7230 NW 80 CT
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	VPD
NAME	FULFORD, GENE J
STREET ADDRESS	4685 GOOD NO RD
CITY-ST-ZIP	MOORE HAVEN, FL
TITLE	STD
NAME	FULFORD, DEBBIE
STREET ADDRESS	4685 GOOD NO. ROAD
CITY-ST-ZIP	MOORE HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Gene B. Fulford, Jr.
GENE B. FULFORD, JR.

V.P. **4/25/07** **863-675-4859**
Date Daytime Phone #