

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000094835

1. Entity Name
NEILL'S FARM FRESH PRODUCE, INC.



Principal Place of Business

**3401 OLEANDER AVE
FORT PIERCE, FL 34982**

Mailing Address

**P.O. BOX 2547
FORT PIERCE, FL 34954 US**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0719836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEILL, JAMES D
3401 OLEANDER AVE
FORT PIERCE, FL 34982**

**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 remaining)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000074307
03/03/04-80014-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEILL, JAMES D
3401 OLEANDER AVE
FORT PIERCE, FL 34982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

2-27-04

772-4642061