

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90015 036 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000071853

1. Entity Name
M G FORD PRODUCE, INC.



Principal Place of Business
**5200 FORT DENAUD RD
ALVA, FL 33920**

Mailing Address
**P.O. BOX 2872
LABELLE, FL 33975**

50007515



2. Principal Place of Business

424 E. New Market Rd

3. Mailing Address

P.O. Box 2872

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-P CR2E034 (11/05)

City & State

Immokalee, FL

City & State

LaBelle, FL

4. FEI Number

65-0785022

Applied For

Not Applicable

Zip

34142

Country

USA

Zip

33975

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FORD, MALVIN G
5200 FT. DENAUD RD
ALVA, FL 33920**

7. Name and Address of New Registered Agent

Name

Malvin G. Ford

Street Address (P.O. Box Number is Not Acceptable)

2969 Bracci Dr

City

St. James City

FL

Zip Code

33956

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, 2006 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 FORD, MALVIN G ☐ Delete
STREET ADDRESS 5200 FT. DENAUD ROAD
CITY-ST-ZIP ALVA, FL 33920

TITLE STD
NAME FORD, KATHY A ☐ Delete
STREET ADDRESS 5200 FT. DENAUD ROAD
CITY-ST-ZIP ALVA, FL 33920

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Ford malvin G ☒ Change ☐ Addition
STREET ADDRESS 2969 Bracci Dr
CITY-ST-ZIP St. James City, FL 33956

TITLE STD
NAME Ford, Kathy A ☒ Change ☐ Addition
STREET ADDRESS 2969 Bracci Dr
CITY-ST-ZIP St James City, FL 33956

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06

Date

888-642-6220

Daytime Phone