

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000075305

1. Entity Name
PRODUCE EXCHANGE OF ATLANTA, INC.



Principal Place of Business
**2801 E. HILLSBOROUGH AVE.
TAMPA, FL 33610**

Mailing Address
**P O BOX 11115
TAMPA, FL 33680 US**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3466271

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRIZZAFFE, CHARLIE V
2801 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33610**

**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**

U000000589228

01/18/07 80008 013 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIZZAFFE, CHARLIE V 2801 E. HILLSBOROUGH AVE. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIZZAFFE, JOHN T 2801 E. HILLSBOROUGH AVE. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIDA, JAMES T 2801 E. HILLSBOROUGH AVE. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLEMING, VIRGINIA G 2801 E. HILLSBOROUGH AVE. TAMPA, FL 33610
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 like empowered.

SIGNATURE: *Virginia G. Fleming*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGINIA G. FLEMING

Date

Daytime Phone #

(813)234-4425