2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000084547

1. Entity Name
SOUTHWEST FLORIDA FRUIT COMPANY, INC.

Principal Place of Business	Mailing Address
106 SE 14TH ST IMMOKALEE, FL 34142	PO BOX 177 IMMOKALEE, FL 34143

DO NOT WRITE IN THIS SPACE

04212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0777444	Not Applicable

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

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6. Name and Address of Current Registered Agent

HIGGINBOTHAM, ANDY
150 S MAIN STREET, #1
LABELLE, FL 33975

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, 2004 Fee will be $550.00 | **9.** Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	O'BANNON, CALVIN
STREET ADDRESS	PO BOX 495 N/A
CITY-ST-ZIP	LABELLE, FL 33975

U00000132827
04/27/04 -80062-016 150.00

TITLE	
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CITY-ST-ZIP	

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 #