2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # P97000099998** JOHN J. O'HEARN JR. PRODUCE CO. Principal Place of Business Mailing Address P.O. BOX 720807 PO BOX 720807 ORLANDO, FL 32872 ORLANDO, FL 32872 03302004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1508273 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box 5. Name and Address of Current Registered Agent CORPORATION SERVICE DO NOT WRITE 1201 HAYS ST. TALLAHASSEE, FL 32301 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 regisfered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. U00000131200 04/26/04-80146-014 150.00 TITLE O'HEARN, JOHN J JR NAME STREET AUDRESS P.O. BOX 720807 CITY-ST-ZIP ORLANDO, FL 32872 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7/P

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.

INTED NAMBOR SIGNING OFFICER OF DIRECTOR

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

April 22 2004

561/860-9391

FILED

Date

Daytime Phone #