2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2005 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 P.O. BOX 720807 ORLANDO, FL 32872 ORLANDO, FL 32872 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FCI Number 06-1508273 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. 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. Signalure Typed or printed name of registered agent and site if applicable FROTE Registered Agent algorithm required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE O'HEARN, JOHN J JR NAME U000003473**87** 04/30/05-80115-00**4** 150.00 STREET ADDRESS P.O. BOX 720807 CITY ST ZIP ORLANDO, FL 32872 TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST 7IP TITLE NAME STRIET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS 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 hurther 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 en powered 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

561-860-9391