

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000069842

1. Entity Name
SUN INTERNATIONAL PRODUCE COMPANY



Principal Place of Business
2230 SW 2ND STREET
POMPANO BEACH, FL 33069

Mailing Address
2230 SW 2ND STREET
POMPANO BEACH, FL 33069



02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0855556

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LESLIE, GREGG
2230 SW 2ND STREET
POMPANO BEACH, FL 33069

**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

03/13/07 80117 **2750.00
1000000655729

03/13/07-80120-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESLIE, GREGG 2230 SW 2ND STREET POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BETHAL, ORLAND 3RD ST & CROOKED RUN RD NO VERSAILLES, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BETHEL, GARY 8 THOMAS JEFFERSON DR IRWIN, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07 954 972-8383

Date

Daytime Phone #