



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000092747</b>						
1. Entity Name NATURE'S CHOICE PRODUCE, INC.						
Principal Place of Business 2370 NORTH PALAFOX ST. BLDG. 2 PENSACOLA, FL 32501	Mailing Address 2370 NORTH PALAFOX ST. BLDG. 2 PENSACOLA, FL 32501	  04192004 No Chg-P CR2E034 (10/03) <table border="1" style="width:100%"><tr><td>4. FEI Number 59-3542384</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-3542384	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  DICKERSON, DOUGLAS 2370 NORTH PALAFOX ST. BLDG. 2 PENSACOLA, FL 32501		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
		04/30/04-80089-D08 150.00				
10. OFFICERS AND DIRECTORS						
<b>DO NOT WRITE IN THIS SPACE</b>						
			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICKERSON, DOUGLAS 2370 NORTH PALAFOX ST. BLDG #2 PENSACOLA, FL 32501		
			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DICKERSON, KAYE 2370 N. PALAFOX ST. BLDG #2 PENSACOLA, FL 32501		
			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRUCE, MANN 2370 NORTH PALAFOX ST. BLDG. #2 PENSACOLA, FL 32501		
			TITLE NAME STREET 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 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: <u>Bruce Mann - S/T</u> <u>BRUCE MANN</u>		Date: <u>4/19/04</u> Daytime Phone #: <u>850434-2592</u>				