

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P98000092747

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



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3542384

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DICKERSON, DOUGLAS
2370 NORTH PALAFOX ST. BLDG. 2
PENSACOLA, FL 32501

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DICKERSON, DOUGLAS
STREET ADDRESS	2370 NORTH PALAFOX ST. BLDG #2
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	V
NAME	DICKERSON, KAYE
STREET ADDRESS	2370 N. PALAFOX ST. BLDG #2
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	ST
NAME	BRUCE, MANN
STREET ADDRESS	2370 NORTH PALAFOX ST. BLDG. #2
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80011-017 150.00

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:

Bruce Mann **BRUCE MANN**

5/7 4/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #