

2004 FOR PROFIT CORPORATION ANNUAL REPORT


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Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90004 003 ***150.00

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02142004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000057565	
1. Entity Name NATIONAL PRODUCE, INC.	

Principal Place of Business 360 WEST 27TH STREET ORLANDO, FL 32856	Mailing Address 360 WEST 27TH STREET ORLANDO, FL 32856
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 560520 Suite, Apt. #, etc.
City & State Orlando, FL	City & State Orlando, FL
Zip 32856-0520	Country

6. Name and Address of Current Registered Agent SALI, JOSE J 360 WEST 27TH STREET ORLANDO, FL 32856	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SALI, JOSE J 713 DUTCHNECK CIRCLE DE LAND, FL 32729	TITLE NAME STREET ADDRESS CITY-ST-ZIP	949 UTICA ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELTONA, FLA 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BAUER, THOMAS L 2019 KIMBRACE PLACE WINTER PARK, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14016 Chicora Crossing Blvd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jose J. Salvi **President** 2/21/04 407-843-9819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #