

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90040 036 ***150.00

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1. Entity Name
JAYMAR PRODUCE, INC.



Principal Place of Business
8423 STATE RD 674
WIMAUMA, FL 33598-6395

Mailing Address
8423 STATE RD 674
WIMAUMA, FL 33598-6395

40014189



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3590546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIZEMORE, JACK P JR
8423 STATE RD 674
WIMAUMA, FL 33598-6395

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIZEMORE, JACK P JR
STREET ADDRESS	8602 TATUM ROAD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	BROUGHTON, OLIVER D
STREET ADDRESS	P O BOX 1085
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	D
NAME	BROUGHTON, G MARVIN
STREET ADDRESS	14002 WALDEN SHEFFIELD RD
CITY-ST-ZIP	DOVER, FL 33527
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: Jack Sizemore Jr. Jack P. Sizemore Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-08 813-634-8620
Date Daytime Phone #