

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90560 050 \*\*\*158.75

**DOCUMENT # S00436**

1. Entity Name

FRESH PICK FARMS, INC.



Principal Place of Business

24800 S FEDERAL HIGHWAY  
PRINCETON FL 33032

Mailing Address

PO BOX 924123  
HOMESTEAD FL 33092  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, LEWIS  
23901 SW 187 AVE.  
HOMESTEAD FL 33034

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALKER, LEWIS C	
STREET ADDRESS	23901 S.W. 187 AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALKER, WILLIAM H	
STREET ADDRESS	29785 SW 164 PLACWE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KRAUSE, FRANK E JR	
STREET ADDRESS	605 POW CAMP ROAD	
CITY-ST-ZIP	CROSSVILLE TN 38555	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *William H Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H Walker

Date

Daytime Phone #



MOORE

CR2E034 (11/03)

4. FEI Number

65-0218113

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional  
Fee Required**