


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90464 011 ***150.00

DOCUMENT # V23837 1. Entity Name FLORIDA FRESH WHOLESALE PRODUCE, INC.					
Principal Place of Business 950 VALLEY VIEW CIRCLE PALM HARBOR, FL 34684			Mailing Address 950 VALLEY VIEW CIRCLE PALM HARBOR, FL 34684		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3113894	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANUSBIGIAN, THERESA D. 950 VALLEY VIEW CIRCLE PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 fee if applicable</small>		
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			DATE _____		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANUSBIGIAN, THERESA D. 950 VALLEY VIEW CIRCLE PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANUSBIGIAN, THERESA D 950 VALLEY VIEW CIRCLE PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANUSBIGIAN, THERESA D 950 VALLEY VIEW CIRCLE PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANUSBIGIAN, THERESA D 950 VALLEY VIEW CIRCLE PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANUSBIGIAN, THERESA D 950 VALLEY VIEW CIRCLE PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANUSBIGIAN, THERESA D 950 VALLEY VIEW CIRCLE PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANUSBIGIAN, THERESA D 950 VALLEY VIEW CIRCLE PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Theresa D. Anusbigian</u> THERESA D. ANUSBIGIAN PRES 4/22/04 727-787-8072 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					