

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V53028

1. Entity Name
TAG'S PRIDE PRODUCE CORP.



FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business
27535 MILLER RD.
DADE CITY, FL 33525 US

Mailing Address
27535 MILLER RD.
DADE CITY, FL 33525 US



DO NOT WRITE IN THIS SPACE

04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3134537

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, LEONARD H
37837 MERIDIAN AVE., S TE 314
DADE CITY, FL 33525

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KRIG, HAROLD A., JR.
STREET ADDRESS	27535 MILLER ROAD
CITY-ST-ZIP	DADE CITY, FL
TITLE	V
NAME	KRIG, MICHAEL A
STREET ADDRESS	26619 TIM TAM PL
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	DST
NAME	KRIG, MARY JUANITA
STREET ADDRESS	27535 MILLER RD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000553993
05/15/06-80076-009 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06 352-588-217