

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 266442**

1. Entity Name  
**WHITE SWAN FRUIT PRODUCTS, INC.**



Principal Place of Business  
**1200 W DR., M.L. KING JR BLVD  
PLANT CITY, FL 33563 US**

Mailing Address  
**PO DRAWER 819  
PLANT CITY, FL 33564 US**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2193824</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LASKOWITZ, JACK  
1200 W DR., M.L. KING JR. BLVD  
PLANT CITY, FL 33563**

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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 re-stating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DC GORDON, MELVIN S 1200 W DR MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GORDON, RANDY S 1200 W MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULIS, TRACY W 1200 W DR MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSON, JAMES R. 1200 W DR MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP GONDON, MONK H 1200 W DR MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000779732  
01/11/08-80047-008 150.00

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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 #

1/10/08 (813) 752-1155