



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 351814</b> 1. Entity Name FLORIDA GIFT FRUIT DELIVERY, INC.		
Principal Place of Business 16600 S HWY 25 P.O. BOX 157 WEIRSDALE, FL 32195	Mailing Address 16600 S HWY 25 P.O. BOX 157 WEIRSDALE, FL 32195	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SCALES, GEORGE 16600 S HWY 25 C/O G&S PACKING CO INC WEIRSDALE, FL 32195		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCALES, GEORGE 16600 S HWY 25, POST OFFICE BOX 157 WEIRSDALE, FL 32195	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCALES, KEY III 16600 S HWY 25, POST OFFICE BOX 157 WEIRSDALE, FL 32195	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.  <b>SIGNATURE:</b>  <b>George G Scales</b> 4/20/06 352-821-2251 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1272953 Applied For  
Not Applicable

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

U00000534130  
05/06/06-80149-009 158.75