2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# 351814

Entity Name: FLORIDA GIFT FRUIT DELIVERY, INC.

Current Principal Place of Business:

16600 S HWY 25
P.O. BOX 157
WEIRSDALE, FL 32195

New Principal Place of Business:

16600 S HWY 25
WEIRSDALE, FL 32195

Current Mailing Address:

16600 S HWY 25
P.O. BOX 157
WEIRSDALE, FL 32195

New Mailing Address:

FEI Number: 59-1272953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCALES, GEORGE
16600 S HWY 25
C/O G&S PACKING CO INC
WEIRSDALE, FL 32195 US

Name and Address of New Registered Agent:

SCALES, HARRIET C
16600 S HWY 25
C/O G&S PACKING CO INC
WEIRSDALE, FL 32195 US

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.

SIGNATURE: HARRIET C. SCALES 04/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCALES, GEORGE
Address: 16600 S HWY 25, POST OFFICE BOX 157
City-St-Zip: WEIRSDALE, FL 32195

Title: D ( ) Delete
Name: SCALES, KEY III
Address: 16600 S HWY 25, POST OFFICE BOX 157
City-St-Zip: WEIRSDALE, FL 32195

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCALES, HARRIET C
Address: 16600 S HWY 25, POST OFFICE BOX 157
City-St-Zip: WEIRSDALE, FL 32195

Title: SD (X) Change ( ) Addition
Name: SCALES, LESLIE E
Address: 16600 S HWY 25, POST OFFICE BOX 157
City-St-Zip: WEIRSDALE, FL 32195

Title: D ( ) Change (X) Addition
Name: SCALES, EARL L JR
Address: 3002 SW 1ST WAY
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Change (X) Addition
Name: SCALES, JOHN S
Address: 5230 CAMP STREET
City-St-Zip: NEW ORLEANS, LA 70115

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRIET C SCALES P 04/22/2008
Electronic Signature of Signing Officer or Director Date