

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 351814**

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**

**DO NOT WRITE IN THIS SPACE**



01092008 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

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

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000827569  
04/21/08-80025-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SCALES, GEORGE  
STREET ADDRESS 16600 S HWY 25, POST OFFICE BOX 157  
CITY-ST-ZIP WEIRSDALE, FL 32195

TITLE D  
NAME SCALES, KEY III  
STREET ADDRESS 16600 S HWY 25, POST OFFICE BOX 157  
CITY-ST-ZIP WEIRSDALE, FL 32195

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*George Scales*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/7/08*  
Date

*352-821-2251*  
Daytime Phone #