

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 351814

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: FLORIDA GIFT FRUIT DELIVERY, INC.

## Current Principal Place of Business:

16600 S HWY 25  
WEIRSDALE, FL 32195

## New Principal Place of Business:

16600 S HWY 25  
P. O. BOX 157  
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, HARRIET C  
16600 S HWY 25  
C/O G&S PACKING CO INC  
WEIRSDALE, FL 32195 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SCALES, JOHN S  
Address: 6515 SW 80TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

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: ALFRED C HALIDAY JR CPA

CPA

02/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date