

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000054076**

1. Entity Name  
GULF COAST PRODUCE, INC.



Principal Place of Business  
203 EAST TERRACE DRIVE  
PLANT CITY, FL 33563

Mailing Address  
P.O. BOX 1020  
DOVER, FL 33527



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3650613

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

JONES, EDDIE A  
1410 CRE ROAD  
SYDNEY, FL 33587

**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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JONES, EDDIE A  
PO BOX 93  
SYDNEY, FL 33587

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
DESHONG, PAMELA  
PO BOX 2102  
PLANT CITY, FL 33564

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GOODSON, JOSEPH R  
P.O. BOX 1707  
DOVER, FL 33527

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MOSS, WAYNE  
RT 2 BOX 233  
CASHIER, NC 28717

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000800105  
01/31/08-80004-005 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph R Goodson, President 1/16/08

(813)757-9600