

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000115465**

1. Entity Name  
**ROBERT M. GONZALES FRUIT HARVESTING, INC.**



Principal Place of Business  
**415 S. BROCKSMITH ROAD  
FT. PIERCE, FL 34945**

Mailing Address  
**415 S. BROCKSMITH ROAD  
FT. PIERCE, FL 34945**



09122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0519876**

Applied For  
Not Applicable

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

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

**GONZALES, ROBERT M  
415 S. BROCKSMITH ROAD  
FT. PIERCE, FL 34945**

**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 *Robert M. Gonzales* **Robert M. Gonzales President**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

*9/12/07*  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GONZALES, ROBERT M
STREET ADDRESS	415 S. BROCKSMITH ROAD
CITY - ST - ZIP	FT. PIERCE, FL 34945
TITLE	VP
NAME	GONZALES, JOSEPHINE
STREET ADDRESS	415 S. BROCKSMITH ROAD
CITY - ST - ZIP	FT. PIERCE, FL 34945
TITLE	SEC/
NAME	LUNA, CHRISTINE
STREET ADDRESS	5172 NW RUGBY DRIVE
CITY - ST - ZIP	PORT ST. LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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09/14/07-80005-004 158.75

**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: *Robert M. Gonzales* **Robert M. Gonzales President** *9/12/07*  
Signature and typed or printed name of signing officer or director Date Daytime Phone