2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P03000115465

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

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

02282008 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000855023
03/27/08-80031-019 150.00

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	
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: Robert M Gonzales Robert M Gonzales 3/7/2008 772-216-5065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #