


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000115150</b> 1. Entity Name <b>GEORGIA PECAN &amp; FRUIT OUTLET, INC.</b>	
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Principal Place of Business <b>491 ST. MARYS ROAD KINGSLAND, GA 31548</b>	Mailing Address <b>904 REDBUD TRAIL ST AUGUSTINE, FL 32086</b>
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**DO NOT WRITE IN THIS SPACE**



03262008 No Chg-P CR2E034 (11/05)

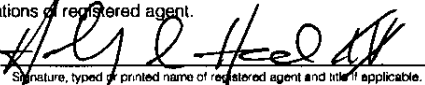
4. FEI Number <b>20-3324000</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HEAD, HARLEY D III  
904 REDBUD TRAIL  
ST AUGUSTINE, FL 32086**

**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:  **Harley D. Head, III** DATE: **3/26/08**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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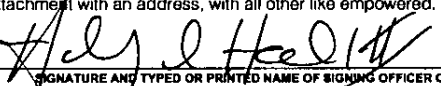
10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>HEAD, HARLEY D III</b>
STREET ADDRESS <b>904 REDBUD TRAIL</b>	
CITY-ST-ZIP <b>ST AUGUSTINE, FL 32086</b>	
TITLE <b>SEC</b>	NAME <b>HEAD, PAMELA A</b>
STREET ADDRESS <b>904 REDBUD TRAIL</b>	
CITY-ST-ZIP <b>ST AUGUSTINE, FL 32086</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
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CITY-ST-ZIP	
TITLE	NAME
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CITY-ST-ZIP	

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04/11/08-80007-009 150.00**

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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:  **Harley D. Head, III** DATE: **3/26/08** (904) 794-1957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR