



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 08:00**  
**Secretary of Stat**

<b>DOCUMENT # V31251</b> 1. Entity Name <b>GARY NORMAN PRODUCE, INC.</b>		
Principal Place of Business <b>PO BOX 327</b> <b>SOUTH BAY, FL 33493 US</b>	Mailing Address <b>PO BOX 327</b> <b>SOUTH BAY, FL 33493 US</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="text-align: right;">             01172006 No Chg-P CR2E034 (11/05)         </div>		
4. FEI Number <b>65-0331181</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  <b>NORMAN, GARY</b> <b>15217 OAK CHASE COURT</b> <b>WELLINGTON, FL 33414</b>		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NORMAN, GARY</b> <b>15217 OAK CHASE COURT</b> <b>WELLINGTON, FL</b>	
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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.		
<b>SIGNATURE: <i>Gary Norman</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1/20/06</b> <b>561-9765000</b> <small>Date Daytime Phone #</small>

**SIGNATURE: \_\_\_\_\_**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR