2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 08, 2007 08:00 AM Secretary of State

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1. Entity Name

GARÝ NORMAN PRODUCE, INC.



Principal Place of Business

Mailing Address

PO BOX 327

SOUTH BAY, FL 33493 US

PO BOX 327

SOUTH BAY, FL 33493



01052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0331181 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, GARY 15217 OAK CHASE COURT WELLINGTON, FL 33414

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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 Signature, typed or printed name of registered agent and intell applicable. (NOTE Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS								
TITLE NAME STREET ADORESS CITY-ST-ZIP	D NORMAN, GARY 15217 OAK CHASE COURT WELLINGTON, FL									
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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:

OR PRINTIO NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07

561-996-500 Daytime Phone #