


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 262180 1. Entity Name TALOFA FRUIT COMPANY	
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Principal Place of Business JAMES F GAUTIER 600 CHERRY ST. CRESCENT CITY FL 32112	Mailing Address JAMES F GAUTIER 600 CHERRY ST. CRESCENT CITY FL 32112
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-0992271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GAUTIER, GREGORY C
800 GRAND RONDO
600 CHERRY ST
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent's signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE: PD GAUTIER <input type="checkbox"/> Delete NAME: GAUTIER, GREGORY C STREET ADDRESS: GRAND RONDO CITY-ST-ZIP: CRESCENT CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD <input type="checkbox"/> Delete NAME: WENDEL, JANET G STREET ADDRESS: E MAIN ST CITY-ST-ZIP: POMONA PARK FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STVD <input type="checkbox"/> Delete NAME: GAUTIER, J. SCOTT STREET ADDRESS: HUNTINGTON SHORTCUT ROAD CITY-ST-ZIP: CRESCENT CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	U00000914786 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/13/08-80057-018 150.00
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gregory C. Gaugier **Gregory C. Gaugier** 1-29-08 386-559-7195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City, No. Phone #