


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F46660
 1. Entity Name
D & K HARVESTING, INC.



Principal Place of Business 890 SPRATT BLVD. PO BOX 1347 LABELLE, FL 33935	Mailing Address 890 SPRATT BLVD. PO BOX 1347 LABELLE, FL 33935
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01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2129884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSH, LARRY
 1240 MICCOSUKEE TR.
 LABELLE, FL 33935

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARSH, LARRY 1240 MICCOSUKEE TR. LABELLE, FL 33935
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02/12/04-80072-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Larry Marsh 1/30/04 2/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #