

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F46660

Entity Name: D & K HARVESTING, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

890 SPRATT BLVD.
PO BOX 1347
LABELLE, FL 33935

New Principal Place of Business:

890 SPRATT BLVD.
LABELLE, FL 33935

Current Mailing Address:

890 SPRATT BLVD.
PO BOX 1347
LABELLE, FL 33935

New Mailing Address:

P.O. BOX 1347
LABELLE, FL 33975

FEI Number: 59-2129884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSH, LARRY
1240 MICCOSUKEE TR.
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

MARSH, LARRY
5280 RIVER BLOSSOM LANE
LABELLE, FL 33935 US

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.

SIGNATURE: LARRY MARSH

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARSH, LARRY
Address: 1240 MICCOSUKEE TR.
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARSH, LARRY
Address: 5280 RIVER BLOSSOM LANE
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY MARSH

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date