


4355 -- **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90026 041 ***150.00

DOCUMENT # F9400006283			
1. Entity Name HARVEST MEAT COMPANY, INC.			
Principal Place of Business 2540 SHADER RD ORLANDO, FL 32804 US		Mailing Address 1022 BAY MARINA DRIVE #106 NATIONAL CITY, CA 91950 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301		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 signature required when reinstating) DATE _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN LEAVY J	NAME	
STREET ADDRESS	1022 W 24TH ST STE 106	STREET ADDRESS	1022 Bay Marina Drive #106
CITY-ST-ZIP	NATIONAL CITY, CA 919506300	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAVY, KEVIN	NAME	
STREET ADDRESS	1022 W 24TH ST STE 106	STREET ADDRESS	1022 Bay Marina Drive #106
CITY-ST-ZIP	NATIONAL CITY, CA 919506300	CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIC DOAN H	NAME	
STREET ADDRESS	1022 W 24TH ST STE 106	STREET ADDRESS	1022 Bay Marina Drive #106
CITY-ST-ZIP	NATIONAL CITY, CA 919506300	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAVY, DENNIS	NAME	
STREET ADDRESS	2540 SHADER ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Eric Doan</u> Eric Doan		Date	3/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	(619)477-0185