


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90001 021 ****70.00


DOCUMENT # N94000005739					
1. Entity Name HARVEST TIME INTERNATIONAL, INC.					
Principal Place of Business 131 MARITIME DRIVE SANFORD, FL 32771 US			Mailing Address PO BOX 1076 SANFORD, FL 32772 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	
MURPHY, ARTHUR J JR 7462 APRELLE DRIVE SANFORD, FL 32771				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V	Delete <input type="checkbox"/>		TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, MARY H			NAME	MURPHY, MARY H.
STREET ADDRESS	7462 APRELLE DRIVE			STREET ADDRESS	7462 APRELLE DRIVE
CITY-ST-ZIP	SANFORD, FL 32771			CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D	Delete <input type="checkbox"/>		TITLE	P/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANNO, JOE			NAME	MURPHY, ARTHUR J. JR.
STREET ADDRESS	805 GARDEN GLEN LOOP			STREET ADDRESS	7462 APRELLE DRIVE
CITY-ST-ZIP	LAKE MARY, FL 32746			CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D	Delete <input type="checkbox"/>		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEEFAUVER, LARRY DR.			NAME	MAURIELLO, LARRY
STREET ADDRESS	467 PINWOOD WAY			STREET ADDRESS	1327 AUTUMN TRAIL
CITY-ST-ZIP	CATAULA, GA 31804			CITY-ST-ZIP	LEWISVILLE, TX 75067
TITLE	D	Delete <input checked="" type="checkbox"/>		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOPER, CLIFF			NAME	LILES, BERNIE
STREET ADDRESS	4799 SHORELINE CIRCLE			STREET ADDRESS	131 MARITIME DRIVE
CITY-ST-ZIP	SANFORD, FL 32771			CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D	Delete <input checked="" type="checkbox"/>		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANGO, JOE			NAME	ELIAS, TONY
STREET ADDRESS	805 GORDEN GLEN LOOP			STREET ADDRESS	1884 FOX HILL COURT
CITY-ST-ZIP	LAKE MARY, FL 32746			CITY-ST-ZIP	HARTSVILLE, SC 29550
TITLE	D	Delete <input type="checkbox"/>		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYAN, RAYMOND			NAME	ELLIS, ALDA
STREET ADDRESS	1302 NOBLE STREET STE 2C			STREET ADDRESS	5110 STAGE COACH ROAD
CITY-ST-ZIP	ANNISTON, AL 36202			CITY-ST-ZIP	LITTLE ROCK, AR 72204
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 617, 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: <i>Arthur J. Murphy</i>				Date: 03/20/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 407-948-0209	

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page 2 of 2

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HARVEST TIME INTERNATIONAL, INC.



Principal Place of Business
131 MARITIME DRIVE
SANFORD, FL 32771 US

Mailing Address
PO BOX 1076
SANFORD, FL 32772 US

ATTACHMENT
40036830



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03082006 Chg-NP CR2E037 (11/05)

City & State
Zip Country

4. FEI Number
54-1698630

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURPHY, ARTHUR J JR
7462 APRELLE DRIVE
SANFORD, FL 32771

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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D SOUTH, STEVEN
100 PAPER CRAFT PARK
PITTSBURG, PA 15238

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 617, 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: Arthur J. Murphy Jr 03/20/06 407-948-0209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #