

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-03-2007 90015 026 \*\*\*\*70.00  
N94000005739

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03192007 Chg-NP CR2E037 (12/06)


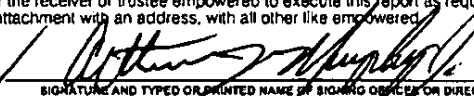
<b>DOCUMENT # N94000005739</b> 1. Entity Name <b>HARVEST TIME INTERNATIONAL, INC.</b>					
Principal Place of Business <b>131 MARITIME DRIVE SANFORD, FL 32771 US</b>		Mailing Address <b>PO BOX 1076 SANFORD, FL 32772 US</b>			
2. Principal Place of Business - No P.O. Box # <b>225 KENNEL ROAD</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>SANFORD, FL</b>		City & State		4. FEI Number <b>54-1698630</b>	
Zip <b>32771</b>		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MURPHY, ARTHUR J JR 7462 APRELE DRIVE SANFORD, FL 32771</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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: <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is <b>\$81.25</b> Due by <b>May 1, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MURPHY, MARY H 7462 APRELE DR SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Please see page 2 for additional directors )	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNO, JOE 805 GARDEN GLEN LOOP LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEFAUVER, LARRY DR. 487 PINWOOD WAY CATAULA, GA 31804		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILES, BERNIE 131 MARITINIE DR SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, TONY 1884 FOX HILL CT HARTSVILLE, SC 29550		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, RAYMOND 1302 NOBLE STREET STE 2C ANNISTON, AL 36202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u>( Please see 2nd page )</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

2 of 2  
(page 2 of 2 pages)

**ATTACHMENT**

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DOCUMENT # N94000005739			
1. Entity Name HARVEST TIME INTERNATIONAL, INC.			
Principal Place of Business		Mailing Address	
( Please see page 1 )			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03192007		Chg-NP CR2E037 (12/06)	
4. FEI Number 54-1698630		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		7. Name and Address of New Registered Agent	
( Please see page 1 )		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 ( Please see page 1 )			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PTD MURPHY, ARTHUR J., JR.
STREET ADDRESS		STREET ADDRESS	7462 APRELLE DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	SAWFORD, FL 32771
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D MURIELLO, LARRY
STREET ADDRESS		STREET ADDRESS	1327 AUTUMN TRAIL
CITY-ST-ZIP		CITY-ST-ZIP	LEWISVILLE, TX 75067
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D ELLIS, ALDA
STREET ADDRESS		STREET ADDRESS	5110 STAGECOACH ROAD
CITY-ST-ZIP		CITY-ST-ZIP	LITTLE ROCK, AR 72204
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 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: 		Date: 03-19-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 907-948-0209	