


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
08 JUN 10 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005739 1. Entity Name HARVEST TIME INTERNATIONAL, INC.					
Principal Place of Business 225 KENNEL ROAD SANFORD, FL 32771 US			Mailing Address PO BOX 1076 SANFORD, FL 32772 US		
2. Principal Place of Business - No P.O. Box # 225 N. Kenne Road		3. Mailing Address Suite, Apt. #, etc.		06042008 Chg-NP CR2E037 (12/06)	
City & State Sanford, FL		City & State		4. FEI Number 54-1698630	
Zip 32771		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="text-align: right;"> FL Zip Code </div>		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, MARY H 7462 APRELLE DR SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/6/10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNO, JOE 805 GARDEN GLEN LOOP LAKE MARY, FL 32748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700131199231 06/11/08-01034-002 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSUE, RAMOS-ROJAS 125 BRUSH CREEK DRIVE SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOSUE RAMOS-ROJAS 125 BRUSH CREEK DRIVE SANFORD, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, REEBECA 200 E. ROBINSON STREET, 8TH FLR ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS REBECCA 200 E. Robinsons Street, 8th Flr. Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, TONY 1884 FOX HILL CT HARTSVILLE, SC 29550	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, RAYMOND 1302 NOBLE STREET STE 2C ANNISTON, AL 36202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Jr</i>			6-04-08 467-328-9908x104		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

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Harvest Time International, Inc.
225 N. Kennel Road
Sanford, FL 32771

Continuation:

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 10.
Title Name Street Address City-St-Zip	<u>PTD</u> Murphy, Arthur J., Jr. 7462 Aprelle Dr. Sanford, FL 32771		<input checked="" type="checkbox"/> Change PD MURPHY, ARTHUR J., JR. 7462 APRELLE DR. SANFORD, FL 32771
Title Name Street Address City-St-Zip	D Muriello, Larry 1327 Autumn Trail Lewisville, TX 75067		
Title Name Street Address City-St-Zip	D Ellis, Alda 5110 Stagecoach Road Little Rock, AR 72204		
Title Name Street Address City-St-Zip	D Aebli, Jacques III 200 E. Robinson Street, 9 th Flr. Orlando, FL 32801		
		Title Name Street Address City-St-Zip	<input checked="" type="checkbox"/> Addition D South, Steven 101 Allison Drive Pittsburgh, PA 15238