2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 06, 2008 8:00 am Secretary of State **DOCUMENT # P07000095002** 05-09-2008 90013 014 ***150.00 **GULF CITRUS HARVESTING & HAULING INC** Principal Place of Business Mailing Address P 0 BOX 1347 890 SPRATT BLVD LABELLE, FL 33935 LABELLE, FL 33975 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 26-083896 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARSH, JAMES L. Street Address (P.O. Box Number is Not Acceptable) 890 SPRATT BLVD LABELLE, FL 33935 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, typed or printed name of registered agent and title \$ applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Addition ☐ Change TITLE ☐ Delete MARSH, JAMES L NAME NAME STREET ADDRESS STREET ADDRESS 890 SPRATT BLVD CITY-ST-ZIP LABELLE, FL 33935 CITY-ST-ZP TITLE ☐ Channe ☐ Addition TITLE Delete MURRAY, GERALD W NAME MAKE STREET ADDRESS 890 SPRATT BLVD STREET ADDRESS LABELLE, FL 33935 CITY-ST-ZIP CITY-ST-71P ☐ Detete TITLE ☐ Change ☐ Addition TIFLE FLEMING, HAROLD R NAME NAME STREET ADDRESS STREET ADDRESS 890 SPRATT BLVD CITY-ST-78P CITY-ST-ZIP LABELLE, FL 33935 Delete TITLE ☐ Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 certify 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:

CITY-ST-ZIP

FILED