2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90141 003 ***158.75

DOCUMENT # P93000021604

1. Entity Name
L.E. STEPHENS HARVESTING, INC.

Principal Place of Business	Mailing Address
182 BOYD COWART RD WAUCHULA, FL 33873	P.O. BOX 864 WAUCHULA, FL 33873 US

DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0393002
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, BD
182 BOYD CT RD
WAUCHULA, FL 33873

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEPHENS, L E
STREET ADDRESS	1105 NORTH FLORIDA AVA
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	V
NAME	MCLEOD, BURTON D SR
STREET ADDRESS	182 BOYD COWART RD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	ST
NAME	MCLEOD, MARY ~~JADE~~ JANE
STREET ADDRESS	182 BOYD COWART RD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mary Jane McLeod Mary Jane McLeod 4-26-04 863-773-6195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #