


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90019 007 \*\*\*150.00

**DOCUMENT # P98000097112**

1. Entity Name  
**S. GARCIA HARVESTING, INC.**



Principal Place of Business      Mailing Address  
**371 SEMINOLE DR.**      **371 SEMINOLE DR.**  
**LANTANA FL 33462**      **LANTANA FL 33462**


2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**LANTANA, FL.**      **371 SEMINOLE DRIVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**LANTANA, FLORIDA**

Zip      Country      Zip      Country  
**33462**      **U.S.**

**00010000**



1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For  
**65-0919736**      Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNLAP, PATRICIA L**      **1505 Lee Court**  
**115 S. SEACREST BLVD.**      **Lake Worth, FL.**  
**BOYNTON BCH FL 33435**  
~~205 WALTERS STREET~~      **33461**  
~~WALTERBORO, SC 29488~~

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 re-appointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008; Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
CO	GARCIA, SANTOS	371 SEMINOLE DR	LANTANA FL 33462	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Santos Garcia      **SANTOS GARCIA**      3/20/08      561-965-9936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number