

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000068600

1. Entity Name
FIRST HARVEST, INC.



FILED

04 JUL 09 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/08/04 90186 004 \$150.00



05302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3742995

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

Principal Place of Business
**1621 N.W. WILLARD RD.
PALM BAY, FL 32907**

Mailing Address
**1621 N.W. WILLARD RD.
PALM BAY, FL 32907**

6. Name and Address of Current Registered Agent

**REED, RANDALL H
2424 N. FEDERAL HWY., #200
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

(NOTE: Registered Agent signature required when registering)

6/30/04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D	NAME VAUGHAN, CURRY	PRES.
STREET ADDRESS 1621 N.W. WILLARD RD.		
CITY-ST-ZIP PALM BAY, FL 32907		
TITLE ST	NAME VAUGHAN, NANCY S.	SEC/REAS
STREET ADDRESS 1621 WILLARD RD NW		
CITY-ST-ZIP Palm Bay, FL 32907		
TITLE V	NAME CAMPBELL, FRANCIS	VP
STREET ADDRESS 3965 Hild Rd NW		
CITY-ST-ZIP Palm Bay, FL 32907		
TITLE D	NAME CAMPBELL, VIRGINIA	D
STREET ADDRESS 3965 Hild Rd NW		
CITY-ST-ZIP Palm Bay, FL 32907		
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04

3215432069

DATE

Daytime Phone #