2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 178670

1. Entity Name
MIDDLETON HARVESTERS, INC.

Principal Place of Business	Mailing Address
5875 MIDDLETON RD C/O TEDRA MIDDLETON, P O BOX 116 ELKTON, FL 32033 US	5875 MIDDLETON ROAD P. O. BOX 116 ELKTON, FL 32033 US

DO NOT WRITE IN THIS SPACE

01082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-0720783	Not Applicable

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

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6. Name and Address of Current Registered Agent

MIDDLETON, J L
5875 MIDDLETON ROAD
ELKTON, FL 32033

DO NOT WRITE IN THIS SPACE

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

U00000852983
03/26/08-80042-009 150.00

10. **OFFICERS AND DIRECTORS**

TITLE	D
NAME	MIDDLETON, J L
STREET ADDRESS	5875 MIDDLETON ROAD
CITY-ST-ZIP	ELKTON, FL 32033
TITLE	P
NAME	MIDDLETON, TEDRA ANN
STREET ADDRESS	5875 MIDDLETON ROAD
CITY-ST-ZIP	ELKTON, FL 32033
TITLE	VST
NAME	MIDDLETON, J L
STREET ADDRESS	5875 MIDDLETON ROAD
CITY-ST-ZIP	ELKTON, FL 32033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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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 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: _Tedra Ann Middleton_ Tedra ANN Middleton 3-7-08   904.692.1656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #