


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 320487 1. Entity Name DUCKWORTH HARVESTING CORPORATION	
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Principal Place of Business THORNBURG RD P.O. BOX 540 BABSON PARK, FL 33827	Mailing Address THORNBURG RD P.O. BOX 540 BABSON PARK, FL 33827
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DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1170527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DUCKWORTH, DONALD A
THORNBERG RD.
BABSON PARK, FL 33827**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUCKWORTH, DONALD A THORNBURG RD BABSON PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST DUCKWORTH, KARIN THORNBURG RD BABSON PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/08/04-30008-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Karin Duckworth - Karin Duckworth 4/05/04 863-638-3125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #