

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT #458549**

1. Entity Name  
**NORMAN WARREN HARVESTING, INC.**



**FILED  
Jan 17, 2006 8:00 am  
Secretary of State**

01-17-2006 90247 028 \*\*\*150.00

**60002673**



01102006 Chg-P CR2E034 (11/05)

Principal Place of Business 330 WEST LAKE OTIS DRIVE WINTER HAVEN, FL 33880		Mailing Address 330 WEST LAKE OTIS DRIVE WINTER HAVEN, FL 33880	
2. Principal Place of Business		3. Mailing Address <i>POBox 1875</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Dundee FL</i>	
Zip	Country	Zip <i>33838</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent  <b>WARREN, NORMAN O. 330 WEST LAKE OTIS DRIVE WINTER HAVEN, FL 33880</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <i>28065 Hwy 27</i>	
		City <i>Dundee</i> FL Zip Code <i>33838</i>	
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.  <i>Norman O. Warren</i>			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD WARREN, NORMAN O. 330 W. LAKE OTIS DRIVE WINTER HAVEN, FL		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>PD Warren, Norman O. POBox 1875 Dundee FL 33838</i>	
V WARREN, MELANIE 330 W LAKE OTIS DRIVE WINTER HAVEN, FL		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>V Warren, Melanie POBox 1875 Dundee FL 33838</i>	
		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** *Norman O. Warren*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #