

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90252 026 \*\*\*150.00

**DOCUMENT # 466538**

1. Entity Name  
**HARMON FRUIT CONTRACTING, INC.**



Principal Place of Business  
**ORANGE AVE EXTENSION  
P O BOX 1178  
FT PIERCE, FL 34954**

Mailing Address  
**ORANGE AVE EXTENSION  
P O BOX 1178  
FT PIERCE, FL 34954**

40000401



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-1563590**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WUCHTE, RONALD W  
10751 ORANGE AVENUE  
FT PIERCE, FL 34945**

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

Signature: Typed or printed name of registered agent and filer in application

(R&E) Registered Agent signature required when reappointing

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **P** ☐ Delete  
NAME: **WUCHTE, RONALD W**  
STREET ADDRESS: **10751 ORANGE AVENUE**  
CITY, ST, ZIP: **FORT PIERCE, FL 34945**

TITLE: **VP** ☒ Delete  
NAME: **WUCHTE, JOHN F**  
STREET ADDRESS: **10751 ORANGE AVE.**  
CITY, ST, ZIP: **FORT PIERCE, FL 34945**

TITLE: **S** ☒ Delete  
NAME: **WUCHTE, DAVID L**  
STREET ADDRESS: **10751 ORANGE AVE.**  
CITY, ST, ZIP: **FORT PIERCE, FL 34945**

TITLE: **T** ☐ Delete  
NAME: **WUCHTE, TOMMY J**  
STREET ADDRESS: **10751 ORANGE AVE.**  
CITY, ST, ZIP: **FORT PIERCE, FL 34945**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

TITLE: **VICEPRESIDENT / SECRETARY** ☒ Change ☐ Addition  
NAME: **JOHN F. WUCHTE**  
STREET ADDRESS: **10751 ORANGE AVE**  
CITY, ST, ZIP: **FORT PIERCE, FL 34945**

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

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: **Ronald W Wuchte**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07

772-465-1153

Date

Telephone Number