


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90049 010 ***150.00

DOCUMENT # 517579

1. Entity Name
DEVANE HARVESTING, INC.



Principal Place of Business: **7 N.E. 7TH ST, P. O. BOX 58, FORT MEADE, FL 33841**

Mailing Address: **7 N.E. 7TH ST, P. O. BOX 58, FORT MEADE, FL 33841**

50030642



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01202005 Chg-P CR2E034 (10/03)

4. FEI Number: **59-1701414**

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

6. Name and Address of Current Registered Agent
**DEVANE, FLOYD K.
 301 NE THIRD STREET
 FT MEADE, FL 33841**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: DEVANE, FLOYD K. JR. STREET ADDRESS: 912 NE 9TH ST. CITY-ST-ZIP: FT MEADE, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: WILSON, MELISSA STREET ADDRESS: 301 NE 3RD ST CITY-ST-ZIP: FT MEADE, FL	<input type="checkbox"/> Delete	TITLE: VICE-PRESIDENT NAME: FLOYD K. DEVANE, SR. STREET ADDRESS: 301 NE 3RD STREET CITY-ST-ZIP: FT. MEADE, FL. 33841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: DEVANE, JOYCE STREET ADDRESS: 301 NE 3RD ST CITY-ST-ZIP: FT MEADE, FL	<input type="checkbox"/> Delete	TITLE: SECRETARY TREASURER NAME: SANDRA DEVANE STREET ADDRESS: 912 NE 9TH STREET CITY-ST-ZIP: FT. MEADE, FL 33841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DEVANE, SANDRA STREET ADDRESS: 912 NE 9TH ST CITY-ST-ZIP: FT MEADE, FL	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Floyd K. Devane Jr **Floyd K. Devane Jr president** 3/21/05 963 285 9503

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