


**2006 FOR PROFIT-CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 517579
1. Entity Name
DEVANE HARVESTING, INC.



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

1100000457818
03/17/06-80013-020 150.00



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1701414 Not Applicable

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

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME	DEVANE, FLOYD K. JR.
STREET ADDRESS	912 NE 9TH ST.
CITY-ST-ZIP	FT MEADE, FL
TITLE	VP
NAME	DEVANE, FLOYD K SR.
STREET ADDRESS	301 NE 3RD STREET
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	ST
NAME	DEVANE, SANDRA
STREET ADDRESS	912 NE 9TH STREET
CITY-ST-ZIP	FT MEADE, FL 33841
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Floyd K. Devane, Jr. *Floyd K. Devane, Jr.* 3-1-06 863 285 9503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #