


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # 517579 1. Entity Name DEVANE HARVESTING, INC.	
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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
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02222007 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-1701414	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

DEVANE, FLOYD K.
301 NE THIRD STREET
FT MEADE, FL 33841

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P DEVANE, FLOYD K. JR. 912 NE 9TH ST. FT MEADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEVANE, FLOYD K SR. 301 NE 3RD STREET FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEVANE, SANDRA 912 NE 9TH STREET FT MEADE, FL 33841
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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. 3/19/07 963 285 9503
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #