
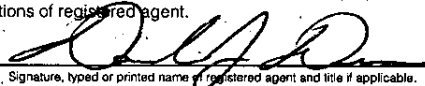
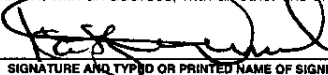


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90295 034 ***158.75

DOCUMENT # 521990 1. Entity Name EAGLE LAKE HARVESTING CORPORATION																																																																																																											
Principal Place of Business HIGHWAY 80, WEST P.O. BOX 459 LABELLE, FL 33935			Mailing Address PO BOX 5609 ATTN: KATHY MCDANIEL LABELLE, FL 33880 US																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 725 Suite, Apt. #, etc. Attn::Kathy McDaniel																																																																																																									
City & State 33975		Country Orange		4. FEI Number 59-1750706																																																																																																							
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																																																																																																									
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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  Daniel J. Devers DATE 4/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																									
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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:  Kathy McDaniel, Director 4/16/04 (407)909-0540 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																											