
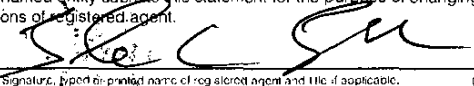
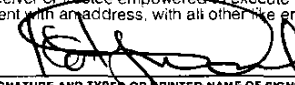


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90448 018 \*\*\*158.75

<b>DOCUMENT # 521990</b> 1. Entity Name <b>EAGLE LAKE HARVESTING CORPORATION</b>					
Principal Place of Business <b>HIGHWAY 80, WEST P.O. BOX 459 LABELLE, FL 33935</b>			Mailing Address <b>P.O. BOX 725 ATTN: KATHY MCDANIEL WINDERMERE, FL 34786-0725 US</b>		
2. Principal Place of Business <b>PO Box 459</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>LaBelle FL</b>		City & State			
Zip <b>33975-0459</b>	Country <b>Hendry</b>	Zip	Country	4. FEI Number <b>59-1750706</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DEVERS, DANIEL J 2520 SAND MINE RD. DAVENPORT, FL 33897</b>			7. Name and Address of New Registered Agent Name <b>Floyd, Thomas C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2520 Sand Mine Road</b> City <b>Davenport</b> <b>FL</b> Zip <b>33897</b>		
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  <b>Thomas C. Floyd</b> DATE <b>2-23-05</b> <small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCDANIEL, KATHY P.O. BOX 725 WINDERMERE, FL 347860725		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, KEITH 3655 SR 80 W ALVA, FL 33920		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVERS, DANIEL J 2520 SAND MINE RD. DAVENPORT, FL 33897		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLEMAN, HAROLD R 3655 SR 80 W ALVA, FL 33920		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.					
<b>SIGNATURE:</b> 		<b>Kathy McDaniel, Secretary 2/22/05 (407)909-0540</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date      Daytime Phone #			