

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 521990**

1. Entity Name  
**EAGLE LAKE HARVESTING CORPORATION**



Principal Place of Business

**2520 SAND MINE RD  
DAVENPORT, FL 33897**

Mailing Address

**P.O. BOX 725  
ATTN: KATHY MCDANIEL  
WINDERMERE, FL 34786-0725 US**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1750706**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FLOYD, THOMAS C  
2520 SAND MINE RD.  
DAVENPORT, FL 33897**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	MCDANIEL, KATHY
STREET ADDRESS	P.O. BOX 725
CITY - ST - ZIP	WINDERMERE, FL 347860725
TITLE	V
NAME	CLOUGHLEY, JAMES E
STREET ADDRESS	3655 SR 80 W
CITY - ST - ZIP	ALVA, FL 33920
TITLE	PD
NAME	DEVERS, DANIEL J
STREET ADDRESS	2520 SAND MINE RD.
CITY - ST - ZIP	DAVENPORT, FL 33897
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/08-80053-009 158.75

**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:** **Daniel J. Devers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08

Date

**(863) 420-6699**

Daytime Phone #