

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90014 014 \*\*\*150.00

**DOCUMENT # 634530**

1. Entity Name

MAC-BEE HARVESTING, INC.



Principal Place of Business

2548 SW CR 760  
ARCADIA FL 34266  
US

Mailing Address

POST OFFICE BOX 400  
NOCATEE FL 34268

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-1963577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

-BREWER, JAMES D  
2548 SW CR 760  
ARCADIA FL 34266

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PRES  
JAMES D. BREWER  
2548 SW CR 760  
ARCADIA FL 34266

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P, T, D

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

ST  
ROBERT C. BREWER  
2548 SW CR 760  
ARCADIA FL 34266

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V, S, D

☒ Change

☐ Addition

TITLE  
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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. BREWER

2/6/08

863-494-4846

Date

Daytime Phone #