

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004078

FILED
Jan 26, 2009
Secretary of State

Entity Name: HARVEST CUSTOM BUILDERS, INC

Current Principal Place of Business:

3124 SMOKEY RD
NEWNAN, GA 30263

New Principal Place of Business:

Current Mailing Address:

3124 SMOKEY RD
NEWNAN, GA 30263

New Mailing Address:

FEI Number: 58-2115607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: CRANE, TRACEY T
Address: 3124 SMOKEY RD
City-St-Zip: NEWNAN, GA 30263

Title: ST () Delete
Name: CRANE, MICHAEL R
Address: 3124 SMOKEY RD
City-St-Zip: NEWNAN, GA 30263

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R CRANE

ST

01/26/2009

Electronic Signature of Signing Officer or Director

Date