2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004434

Entity Name: CUSTOM HARVEST INSURANCE, LTD., CORP.

Current Principal Place of Business:	**New Principal Place of Business:**

114 WEST SHERMAN
HUTCHINSON, KS 67501

Current Mailing Address:	**New Mailing Address:**

PO BOX 1069
HUTCHINSON, KS 67504

FEI Number: 54-2188709   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**

NUNEZ HERRERA, MARIBEL
1312 NEW MARKET ROAD
IMMOKALEE, FL 34142   US

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

OFFICERS AND DIRECTORS:

Title: D/P
Name: ESAU, MICHAEL M
Address: 1318 WEST 95TH AVE
City-St-Zip: HUTCHINSON, KS 67502

Title: D/VP
Name: ESAU, DEB
Address: 1318 WEST 95TH AVE
City-St-Zip: HUTCHINSON, KS 67502

Title: D/S
Name: MINNER, LARRY B
Address: PO BOX 1069
City-St-Zip: HUTCHINSON, KS 67504

Title: D/T
Name: MINNER, JANICE R
Address: PO BOX 1069
City-St-Zip: HUTCHINSON, KS 67504

Title: D
Name: MINNER, DOUG
Address: 202 W 11TH
City-St-Zip: HUTCHINSON, KS 67501

Title: D
Name: MINNER, CURT
Address: 621 E AVE A
City-St-Zip: HUTCHINSON, KS 67501

I hereby 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 all other like empowered.

SIGNATURE: JANICE R MINNER   TREA   02/04/2012
_____
Electronic Signature of Signing Officer or Director   Date