

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F57241

**FILED**  
**Jul 04, 2004**  
**Secretary of State**

**Entity Name:** THE HARVEST COMPANIES OF FLORIDA, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 9739  
12933 BALD CYPRESS LANE  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

12933 BALD CYPRESS LLN.  
NAPLES, FL 34119 US

**New Mailing Address:**

FEI Number: 59-2711720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOLKERTH, BRUCE L  
12933 BALD CYPRESS LN  
NAPLES, FL 34119 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (X).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FOLKERTH, BRUCE L., SR.  
Address: 12933 BALD CYPRESS LANE  
City-St-Zip: NAPLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE L. FOLKERTH

CEO

07/04/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date