

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F74895

Entity Name: N & N HARVESTING, INC.

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

C/O DAVID ANTHONY NORKA  
119 EAST 9TH STREET  
FROSTPROOF, FL 33843 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 252  
FROSTPROOF, FL 33843 US

**New Mailing Address:**

FEI Number: 59-2141827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORKA, DAVID ANTHONY  
691 AUGUSTA ROAD  
WINTER HAVEN, FL 33884 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NORKA, DAVID ANTHONY  
Address: 691 AUGUSTA RD.  
City-St-Zip: WINTER HAVEN, FL 33884 US

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: DAVID A. NORKA

PRES

04/10/2011

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

\_\_\_\_\_  
Date