

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90040 021 ***150.00

DOCUMENT # G31561

1. Entity Name

NORVELL HARVESTING, INC.



Principal Place of Business

2371 PETERS RD.
FORT PIERCE FL 34945

Mailing Address

PO BOX 13678
FORT PIERCE FL 34979-3678

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

7850 Germany Canal Rd

3. Mailing Address

7850 Germany Canal Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Pierce FL

City & State

Fort Pierce Florida

Zip

34987

Country

St. Lucie

Zip

34987

Country

St. Lucie

4. FEI Number

59-2343592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORVELL, JOHN
2371 PETERS RD
FORT PIERCE FL 34945

7. Name and Address of New Registered Agent

Name

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

7850 Germany Canal Rd

City

Fort Pierce

FL

Zip Code

34987

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 constituting)

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

TITLE PD ☐ Delete
NAME NORVELL, JOHN WILLIAM
STREET ADDRESS 2371 PETERS RD.
CITY-ST-ZIP FT. PIERCE FL

TITLE SD ☐ Delete
NAME NORVELL, DEBORAH H
STREET ADDRESS 2371 PETERS RD.
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7850 Germany Canal Rd
CITY-ST-ZIP Ft Pierce FL 34987

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7850 Germany Canal Rd
CITY-ST-ZIP Ft Pierce FL 34987

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Deborah H. Norvell
Deborah H Norvell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-08

Daytime Phone #