

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # H34193

1. Entity Name
STEWART HARVESTING, INC.



Principal Place of Business
**504 HWY. 17-92 NORTH
HAINES CITY, FL 33844 US**

Mailing Address
**P. O. BOX 899
HAINES CITY, FL 33845-0899 US**



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2472655

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRANO, MARIE ALICE
3995 U.S. HWY 27 SOUTH
LAKE WALES, FL 33853**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**1000000418731
02/14/06-80019-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STEWART, RICHARD M.
STREET ADDRESS	3080 E SHAMROCK EXT.
CITY- ST- ZIP	HAINES CITY, FL
TITLE	DV
NAME	STEWART, ELSIE M.
STREET ADDRESS	715 HWY 547 NORTH
CITY- ST- ZIP	DAVENPORT, FL 33837
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Elsie M. Stewart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06

Date

Daytime Phone #