

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H45029**

1. Entity Name  
**GOLDEN HARVEST HOLDING, INC.**



Principal Place of Business  
**492 MAPLE AVE.  
FORT PIERCE, FL 34982 US**

Mailing Address  
**P.O. BOX 2550  
FT. PIERCE, FL 34954 US**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2567871**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BASS, R. DALE  
8686 ANDREWS AVE  
FT PIERCE, FL 34954**

**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, 2008 Fee will be \$550.00**

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

U000000798804

01/30/08-80043-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BASS, R. DALE
STREET ADDRESS	8686 ANDREWS AVE
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	VDS
NAME	BASS, DIANNA
STREET ADDRESS	8686 ANDREWS AVE
CITY-ST-ZIP	FORT PIERCE, FL 34945
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:**

*Diantha Bass*  
**Secretary**

**1/24/08**

**722/461-6669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #