


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H53703</b> 1. Entity Name NATURE'S HARVEST MARKET AND DELI, INC.	
--	---

Principal Place of Business % DAVID GILL TAYLOR 1021 N MACDILL AVENUE TAMPA, FL 33607	Mailing Address % DAVID GILL TAYLOR 1021 N MACDILL AVENUE TAMPA, FL 33607
--	--



04202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2527405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  TAYLOR, DAVID G 1021 NORTH MACDILL AVENUE TAMPA, FL 33607
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000758237 05/23/07-80103-025 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, DAVID GILL 1021 N. MACDILL AVE. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, BEN ROWLAND 10508 LACERA DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, VERA MAI 4512 AZEELE ST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROWE, DEBORAH SUE 4511 DALE AVE. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, LYNDIA BROWN 10508 LACERA DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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:** Ben R. Taylor **Ben R. Taylor** 4-27-07 813-873-7428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #