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Secretary of State

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H70558

1. Entity Name
HARMON FRUIT TRUCKING, INC.

40000189

Principal Place of Business	Mailing Address
ORANGE AVE. EXTENSION P.O. BOX 1178 FORT PIERCE, FL 34954	ORANGE AVE. EXTENSION P.O. BOX 1178 FORT PIERCE, FL 34954
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2560578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WUCHTE, RONALD W. ORANGE AVENUE EXTENSION FORT PIERCE, FL 34954	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD WUCHTE, RONALD W. 10751 ORANGE AVE. FT. PIERCE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PRESIDENT / TREASURER RON WUCHTE 10751 ORANGE AVE FORT PIERCE, FL 34945	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD WUCHTE, JOHN F. 851 EMERALD AVE. FT. PIERCE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VICE-PRESIDENT / SECRETARY JOHN F. WUCHTE 10751 ORANGE AVE FORT PIERCE, FL 34945	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

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: Ronald W Wuchte 1-5-07 772-465-1153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #