## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # J22084

1. Entity Name
GULFSTREAM HARVESTING, INC.

FILED Apr 14, 2006 08:00 AM Secretary of State

Principal Place of Business

4889 US HWY. T P.O. BOX 198 WINTER BEACH, FL 32971 Maifing Address

4889 US HWY. 1 P.O. BOX 198

WINTER BEACH, FL 32971



DO NOT WRITE IN THIS SPACE

04042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2685574 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'HAIRE, MICHAEL 3111 CARDINAL DR. VERO BEACH, FL 32963

## 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.	1 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 argusture required when remotetric)

CATE

FILE NOWIII 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 - 1900) 150.08-19051-019 | 150.00

} MICEL IN	ay 1, 2000 fee will be \$550.00	}	
10.	OFFICERS AND DIRECTORS		
RTLE NAME STREET ADDRESS CITY-ST-ZIP	RICHEY, AUDREY K. 4869 US HWY 1 VERO BEACH, FL		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VD KNIGHT, PAULA K. 4889 US HWY 1 VERO BEACH, FL	-	
TITLE NAME STREET ADDRESS CITY-ST-ZP	PD RICHEY, DANIEL R. 4889 US HWY 1 VERO BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZP			
TITLE NAME STREET ADDRESS CXTY-ST-ZP			

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12. Thereby 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter BO7, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR

4/11/06 (772)562-4155