

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J62942

FILED
Apr 19, 2004
Secretary of State

Entity Name: TERRY OGBURN FRUIT HARVESTING, INC.

Current Principal Place of Business:

% SUSAN OGBURN
903 OLD AVON PARK ROAD
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

% SUSAN OGBURN
903 OLD AVON PARK ROAD
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 59-2869357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGBURN, SUSAN
903 OLD AVON PARK ROAD
FROSTPROOF, FL 33843 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OGBURN, TERRY,
Address: 903 OLD AVON PARK ROAD
City-St-Zip: FROSTPROOF, FL

Title: ST () Delete
Name: OGBURN, SUSAN,
Address: 903 OLD AVON PARK ROAD
City-St-Zip: FROSTPROOF, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN OGBURN

ST

04/19/2004

Electronic Signature of Signing Officer or Director

Date