

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90191 034 ***150.00

DOCUMENT # K04569

1. Entity Name
LATT MAXCY HARVESTING, INC.



Principal Place of Business
**33 E. WALL ST
P.O. BOX 158
FROSTPROOF, FL 33843**

Mailing Address
**33 E. WALL ST
P.O. BOX 158
FROSTPROOF, FL 33843**

60033841



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**21299 US Hwy 27
Lake Wales, FL
33859-6851**

**P. O. BOX 3737
Lake Wales, FL
33859-3737**

1082008 Chg-P CR2E034 (12/06)

FEI Number
59-2858212

Applied For
Not Applicable

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

**WILSON, P. T.
33 E. WALL ST
FROSTPROOF, FL 33843**

N-
S- **David A. Miller**
21299 US Hwy 27
Ci **Lake Wales, FL 33859-6851**
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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/2008

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **WILSON, P. T.**
STREET ADDRESS **122 MOUNTAIN LAKE ESTATES**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WILSON, PATRICIA**
STREET ADDRESS **2200 N SCENIC HWY**
CITY-ST-ZIP **BABSON PARK, FL 33827**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSTD** ☐ Delete
NAME **WILSON, CLAYTON G.**
STREET ADDRESS **65 MOUNTAIN LAKE ESTATES**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **CRADDOCK, F. HOOD**
STREET ADDRESS **223 LAKE LINK ROAD**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

863.679-6700

Daytime Phone #