

**FOR PROFIT CORPORATION 2004
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90043 015 ***150.00

DOCUMENT # K49496 1. Entity Name DAY'S HARVESTING, INC.

DO NOT WRITE IN THIS SPACE

44012736

2. Principal Place of Business FL Suite, Apt. #, etc. P.O. BOX 13648 City & State FORT PIERCE FL	3. Mailing Address 1180 SHINN RD Suite, Apt. #, etc. City & State FT. PIERCE, FL Zip 34979-3648 Country US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0091745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CROWE, DEBRA L.	
Street Address (P.O. Box Number is Not Acceptable) 1180 SHINN ROAD	
City FT. PIERCE	Zip Code FL 34945

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CROWE, DAVID O. 1180 SHINN RD FT. PIERCE, FL 34945	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CROWE, DEBRA L. 1180 SHINN RD FT. PIERCE, FL 34945	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

DAVID O. CROWE

02/17/04 772-464-0908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #