


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L55368</b>	
1. Entity Name J. T. HARVESTING, INC.	

Principal Place of Business % NORMA F. CASSENS 3180 N KINGS HWY FT PIERCE, FL 34951	Mailing Address PO BOX 613 FORT PIERCE, FL 34954-0613
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**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0175770	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
DIXON, WILLIAM BRUCE JR.  
1898 SHINN ROAD  
FORT PIERCE, FL 34945

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN0000133330 04/27/04-80083-013 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIXON, WILLIAM BRUCE JR. 1898 SHINN ROAD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CASSENS, SUSAN F 1876 SHINN ROAD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIXON, CATHERINE C 1898 SHINN ROAD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEVEN, CASSENS D 1876 SHINN ROAD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4-22-04** **772-461-4645**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #