2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2008 08:00 A Secretary of State

DOCL	IM	FN	IT#	1.5	731	15

1. Entity Name DUBOIS HARVESTING, INC.

BOYNTON BEACH, FL 33425 US



Principal Place of Business 5450 FŁAVOR PICT ROAD Mailing Address

PO BOX 740180

BOYNTON BEACH, FL 33474-0180 US



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0175712	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALEEL, KENNETH M ESQ. 555 NORTH CONGRESS AVE., STE. 301 BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE

No Chg-P

01142008

				,	
	named entity submits this statement for the plans of registered agent	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida I am familiar with, and accept
SIGNATORE-	Signuture, typed or printed name of registered agent and title in	applicable (NOTE Registered	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	·
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOIS. ROBERT M., JR. 5450 FLAVOR PICT RD. BOYNTON BEACH, FL 33425				U00000863130 04/03/08-80079-021 150.00
TITLE NAML STREET ADDRESS CITY-ST-ZIP		, ,			
TITLE NAML STREET ADDRESS CITY+ST+ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLL NAME STHEET ADDRESS				•	
TITLE ' '					
STHEET ADDRESS CHTY-ST-ZIP	ing the sign of th		Ĭ		
12. I nereby o	certify that the information supplied with this fi	ing does not qualify for the exe	mptions cor	ntained in Chapter 119	9. Florida Statutes. I further certify that the information

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.

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MATURE AND TYPED OF MANYED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-08

561-498-3000

Date

Daytime Phorie #