

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90001 034 ***150.00

DOCUMENT # L64345

1. Entity Name
HARVEST ONE RESOURCES, INC.



Principal Place of Business Mailing Address
~~2405 DAVIS CIRCLE~~ 3186 Lakeview Dr. ~~2405 DAVIS CIRCLE~~ 3186 Lakeview Dr.
SEBRING, FL 33870 US SEBRING, FL 33870 US

40039441



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0201163 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYKIN, DAVID C.
~~2405 DAVIS CIRCLE~~ 3186 Lakeview Dr.
SEBRING, FL 33870

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME BOYKIN, DAVID
STREET ADDRESS ~~2405 DAVIS CIRCLE~~ 3186 Lakeview Dr.
CITY-ST-ZIP SEBRING, FL 33870

TITLE DVS
NAME BOYKIN, MARY S
STREET ADDRESS ~~2405 DAVIS CIRCLE~~ 3186 Lakeview Dr.
CITY-ST-ZIP SEBRING, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

David Boykin President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07 863-471-6100
Date Daytime Phone #

David Boykin