


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90002 046 ***150.00

DOCUMENT # M93627 1. Entity Name K & C HARVESTING, INC.																																																																																																																																																															
Principal Place of Business P. O. BOX 1019 LABELLE, FL 33975		Mailing Address P. O. BOX 1019 LABELLE, FL 33975																																																																																																																																																													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2352 Suite, Apt. #, etc.																																																																																																																																																													
City & State Zip		City & State La Belle, FL Zip 33975																																																																																																																																																													
Country USA		4. FEI Number 65-0068917																																																																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																																																																																																																																																													
6. Name and Address of Current Registered Agent HAMPTON, JERRY TRADER ROAD LABELLE, FL 33935		7. Name and Address of New Registered Agent Name Kevin Hampton Street Address (P.O. Box Number is Not Acceptable) 4650 Cornelia Drive City La Belle FL Zip Code 33935																																																																																																																																																													
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 <u><i>Jerry Hampton</i></u> DATE 3-16-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																													
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																															
SIGNATURE: <u><i>Jerry Hampton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-16-04 Daytime Phone # 863 612-0073																																																																																																																																																													

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