2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

ANNUAL REPURT				1		Secretary	of St
DOCU	MENT # M93627			N	cciciai	or St	
1. Entity Nam	ie						
K & C HA	RVESTING, INC.		阿里				
			· · · · · · · · · · · · · · · · · · ·				
Principal Place of Business Mailing Address							
P. O. BOX 1019 P.O. BOX 2352							
LABELLE, FL	. 339/5	LABELLE, FL 33975					
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			· ·	03012007	No Chg-P	CR2E034 (11/05)	,
	O NOT WRITE	IN THIS COA	CE.			· · · · · · · · · · · · · · · · · · ·	
	Paging Managara and Angel			4. FEI Number 65-006891	17		pplied For lot Applicable
						_ \$8.75 As	
,				5. Certificate of S	atus Desired	Fee Requir	
	6. Name and Address of Current Re	gistered Agent					age state
HAMPTON	N, KEVIN				OT WI	DITE	
4650 COR	NELIA DR.			المراكبة والأخرار	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	in the state of th	The said
LABELLE,	FL 33935			· IN TH	IIS SP	ACE .	
8 The above	named entity submits this statement for t	ha purpose of changing ite register	od office or register	ed egent or both in	the State of Flori	da Lam familiar with	and accent
the obligat	ions of registered agent.	ie barbose of changing its register		-	THO CIECO OF FIGH	GG. T GITT IGHT III	., and accept
SIGNATURE.	•						
	Signature, typed or printed name of registered agent and	Little if applicable (NOTE: Registere	d Agent signature required	(when reinstating)		DATE .	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Final	naing _ \$5	.00 May Be			
After M	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.	☐ Ádd	ed to Fees			
10.	OFFICERS AND D	RECTORS	1 ,	4* * .		, v J ,	स्कृतिस्ति। स्कृतिस्ति।
TITLE	vīs				The series	Service to	
NAME OTO: CT ADDOCCO	HAMPTON, JERRY						
STREET ADDRESS CITY-ST-ZIP	238 N RIVERVIEW ST LABELLE, FL 33935					41175 18 18	
TITLE	P			Ö		20016-011-1	50.00
NAME	HAMPTON, KEVIN						The state of
STREET AODRESS CITY+ST+ZIP	4650 CORNELIA DR. LABELLE, FL 33935				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		a
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CITY-ST-ZIP					OT W		
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STREET ADDRESS				· · · · · · · · · · · · · · · · · · ·	1	4.	
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TITLE NAME							
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NAME STREET ADDRESS		,					

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

863612-0073

Daytime Phone #