

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001076

1. Entity Name
HARVEST AIR INTERNATIONAL, INC.



Principal Place of Business

**106 63RD STREET WEST
BRADENTON, FL 34209**

Mailing Address

**106 63RD STREET WEST
BRADENTON, FL 34209**



08092005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1093830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSTON, R. ALLEN
106 63RD ST. N.W.
BRADENTON, FL 34209**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. **OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JOHNSTON, R. ALLEN
STREET ADDRESS	106 63RD ST. NW
CITY - ST - ZIP	BRADENTON, FL 34209
TITLE	VD
NAME	JORDAN, TERRY
STREET ADDRESS	206 34TH ST NW
CITY - ST - ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000376353
08/15/05-R0002-003 61.25

**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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Danner **ROBERT DANNER TREAS.** 8/10/05 941-266-2013