# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2009**
**Secretary of State**

DOCUMENT# N01000001076

**Entity Name:** HARVEST AVIATION, INC.

**Current Principal Place of Business:**

1263-C1 MAURICE SONNY CLAVEL RD.
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14323
BRADENTON, FL 34280

**New Mailing Address:**

**FEI Number: 65-1093830** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | JOHNSTON, R. ALLEN | |
| Address: | 106 63RD ST. NW | |
| City-St-Zip: | BRADENTON, FL 34209 | |
| Title: | D | ( ) Delete |
| Name: | LEWIS, JAMES N | |
| Address: | 6336 SAILBOAT AVE | |
| City-St-Zip: | TAVARES, FL 32778 | |
| Title: | D | ( ) Delete |
| Name: | BURCH, MICHAEL | |
| Address: | 6427 13TH STREET COURT EAST | |
| City-St-Zip: | BRADENTON, FL 34203 | |
| Title: | D | ( ) Delete |
| Name: | GANGNAGEL, DONALD D | |
| Address: | 6310 GRAND OAK CIRCLE, #201 | |
| City-St-Zip: | BRADENTON, FL 34203 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES N. LEWIS D 01/26/2009
Electronic Signature of Signing Officer or Director — Date