

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003893

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: MISSION HARVEST AMERICA, INC.

## Current Principal Place of Business:

60 S. COPELAND STREET  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

69 S. COPELAND STREET  
JACKSONVILLE, FL 32204

## Current Mailing Address:

P.O. BOX 43235  
JACKSONVILLE, FL 322033235

## New Mailing Address:

P.O. BOX 551065  
JACKSONVILLE, FL 322551065

FEI Number: 31-1567889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PAINTER, DEWEY E  
7840 FAWN OAKS CT.  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

PAINTER, DEWEY E PRESIDE  
7840 FAWN OAKS CT.  
JACKSONVILLE, FL 32256 US

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: DEWEY E PAINTER SR

04/04/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CRISP, TOM DR  
Address: 6836 MONTROSE AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: JEWELL, HAROLD E REV  
Address: 6157 ROYAL ESTATES PLACE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: PAINTER, DEWEY E DR  
Address: 7840 FAWN OAKS CT.  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change ( ) Addition  
Name: CRISP, TOM DR  
Address: 6836 MONTROSE AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: SEC (X) Change ( ) Addition  
Name: JEWELL, HAROLD E REV  
Address: 6157 ROYAL ESTATES PLACE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: PRES (X) Change ( ) Addition  
Name: PAINTER, DEWEY E DR  
Address: 7840 FAWN OAKS CT.  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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: DEWEY E PAINTER SR

PRES

04/04/2007

Electronic Signature of Signing Officer or Director

Date