


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90044 042 ****61.25

DOCUMENT # N03000005792

1. Entity Name
KINGDOM HARVEST INC.



Principal Place of Business Mailing Address

1557 EMERSON LANE **1557 EMERSON LANE**
SEBASTIAN FL 32958 **SEBASTIAN FL 32958**

2. Principal Place of Business 3. Mailing Address

1050 OLD Dixie Hwy SW **1050 OLD Dixie Hwy SW**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

Vero Beach, FL

City & State City & State

Vero Beach, FL **Vero Beach, FL**

Zip Country Zip Country

32962 **INDIAN RIVER** **32962** **INDIAN RIVER**

4. FEI Number Applied For

11-3697936 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

HUNT, AUSTIN W
1557 EMARSON LANE
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HUNT, AUSTIN W	
STREET ADDRESS	1557 EMERSON LANE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUNT, VIRGINIA L	
STREET ADDRESS	1557 EMERSON LANE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	S	<input type="checkbox"/> Delete
NAME	Reardon, Bradley	
STREET ADDRESS	PO Box 640	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	S	<input type="checkbox"/> Delete
NAME	Reardon, Bradley	
STREET ADDRESS	PO Box 640	
CITY-ST-ZIP	Roseland, FL 32957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Austin W. Hunt* **Austin W. Hunt** 1-27-04 633-6275 772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #