

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009044

FILED
Apr 15, 2009
Secretary of State

Entity Name: HARVESTERS LIMITED, INC.

Current Principal Place of Business:

3460 7TH AVENUE SW
NAPLES, FL 34117

New Principal Place of Business:

360 11TH AVENUE SW
NAPLES, FL 34117

Current Mailing Address:

3460 7TH AVENUE SW
NAPLES, FL 34117

New Mailing Address:

360 11TH AVE SW
NAPLES, FL 34117

FEI Number: 26-0864761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, JOE
3460 7TH AVENUE SW
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

GODE, AMY
1631 S. DEFRAME ST.
B7
LAKEWOOD, FL 80228 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: AMY GODE

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GODE, AMY
Address: 1631 S. DEFRAME ST. B7
City-St-Zip: LAKEWOOD, CO 80228

Title: VD (X) Delete
Name: HARVEY, JOE
Address: 3460 7TH AVENUE SW
City-St-Zip: NAPLES, FL 34117

Title: S () Delete
Name: ANTUNEZ, MELISSA
Address: 3460 7TH AVENUE SW
City-St-Zip: NAPLES, FL 34117

Title: TD (X) Delete
Name: HARVEY, NANCY
Address: 3460 7TH AVENUE SW
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: ANTUNEZ, MELISSA
Address: 360 11TH AVENUE SW
City-St-Zip: NAPLES, FL 34117

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: AMY GODE

RA

04/15/2009

Electronic Signature of Signing Officer or Director

Date