

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22243

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: HARVEST INTERNATIONAL, INC.

**Current Principal Place of Business:**

3711 N.E. 42ND LANE  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6690  
OCALA, FL 344786690

**New Mailing Address:**

FEI Number: 59-2850646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, DANIEL MR.  
3711 N.E. 42ND LANE  
OCALA, FL 34479 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: PD ( ) Delete  
Name: CAIN, CAROLYN  
Address: 3711 NE 42ND LANE  
City-St-Zip: OCALA, FL 34479

Title: VD ( ) Delete  
Name: THOMAS, DANIEL  
Address: 3711 N.E. 42ND LANE  
City-St-Zip: OCALA, FL 34479

Title: SEC ( ) Delete  
Name: RANEW, THOMAS C., JR.  
Address: 3711 N.E. 42ND LANE  
City-St-Zip: OCALA, FL 34479

Title: TR ( ) Delete  
Name: BARRETT, PAMELA TREASUR  
Address: 3711 NE 42ND LANE  
City-St-Zip: OCALA, FL 34479

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

Title: PD (X) Change ( ) Addition  
Name: CAIN, CAROLYN PRESIDE  
Address: 3711 NE 42ND LANE  
City-St-Zip: OCALA, FL 34479

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: DANIEL THOMAS

VP

04/13/2009

Electronic Signature of Signing Officer or Director

Date