

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44294

FILED
Feb 14, 2007
Secretary of State

Entity Name: GULF HARVESTING, INC.

Current Principal Place of Business:

8550 STATE RD 82
FELDA, FL 33930

New Principal Place of Business:

Current Mailing Address:

P O BOX 3147
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 65-0273694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, MARK D.
24 HIGHLAND AVE SE
LEHIGH, FL 33936 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: TURNER, ROBERT
Address: 304 LOCHEN CIRCLE SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: MURPHY, MICHAEL S
Address: 224 DAVID AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: ST () Delete
Name: DUNN, MARK D.
Address: 24 HIGHLAND AVE. SE
City-St-Zip: LEHIGH, FL 33936

Title: D () Delete
Name: BROADAWAY, DENNIS
Address: US HIGHWAY 17
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: HUNT, ELLIS JR
Address: HUNT BROS ROAD
City-St-Zip: LAKE WALES, FL 33853

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:

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

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: MARK D. DUNN

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02/14/2007

Electronic Signature of Signing Officer or Director

Date