2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N44294

Entity Name: GULF HARVESTING, INC.

Current Principal Place of Business:

7050 CPI ROAD
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
LEHIGH ACRES, 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:	HUNT, III, FRANK M	
Address:	HUNT BROS ROAD	
City-St-Zip:	LAKE WALES, FL 33853	
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.	
City-St-Zip:	LEHIGH ACRES, 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 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 ST 01/12/2009

Electronic Signature of Signing Officer or Director — Date