

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004463

FILED
Feb 02, 2006
Secretary of State

Entity Name: HARVEST HOUSE, INC.

Current Principal Place of Business:

110 MARLER STREET
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

PO BOX 372
DESTIN, FL 32540

New Mailing Address:

FEI Number: 59-3255093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGLE, JERRY
155 PARADISE PT LANE
SANTA ROSA BEACH, FL 32459 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: BD () Delete
Name: OGLE, JERRY
Address: P.O. BOX 1181 N/A
City-St-Zip: DESTIN, FL 32540

Title: BD () Delete
Name: FRASER, KEN
Address: RT 1 BOX 1040
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: T () Delete
Name: WRIGHT, CHERYL
Address: 520 BENNING DR
City-St-Zip: DESTIN, FL 32541

Title: ED () Delete
Name: ERICKSON, LAINIE
Address: 228 DIAMOND COVE
City-St-Zip: DESTIN, FL 32541

Title: PD () Delete
Name: OGLE, JERRY
Address: PO BOX 1181
City-St-Zip: DESTIN, FL 32540

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: ELAINE ERIKSON

ED

02/02/2006

Electronic Signature of Signing Officer or Director

Date