

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90086 047 ***150.00

DOCUMENT # P0000083633

1. Entity Name

MUTUAL HARVESTING COMPANY



Principal Place of Business

**4100 S. FRONTAGE RD
LAKELAND, FL 33815**

Mailing Address

**POST OFFICE BOX 1687
LAKELAND, FL 33802-1687**

94029404



DO NOT WRITE IN THIS SPACE

03102004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3668079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FUTCH, CARSON A
3220 NEW TAMPA HIGHWAY
LAKELAND, FL 33802**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restateing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FUTCH, CARSON A
STREET ADDRESS	4100 S FRONTAGE RD
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	VP
NAME	JOYCE, JAMES R
STREET ADDRESS	4100 S FRONTAGE RD
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	S
NAME	LONG, PATRICIA K
STREET ADDRESS	4100 S FRONTAGE RD
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	T
NAME	EDWARDS, DAVID L
STREET ADDRESS	4100 S FRONTAGE RD
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carson A. Futch, Pres.

3-10-2004 863-682-8196

Date

Daytime Phone #