

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104271

FILED
Apr 11, 2005
Secretary of State

Entity Name: HARVEST COOPERATIVE FARMS, INC.

Current Principal Place of Business:

1170 HARVEST DRIVE
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

1170 HARVEST DRIVE
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 59-3712713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOGAJ, RICHARD J
Address: 1170 HARVEST DRIVE
City-St-Zip: IMMOKALEE, FL 34142

Title: VTSD () Delete
Name: NOGAJ, FLORENCE A
Address: 1170 HARVEST DRIVE
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: HERNANDEZ, RENE G
Address: 1170 HARVEST DRIVE
City-St-Zip: IMMOKALEE, FL 34142

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: PEREZ, STEPHEN
Address: 1170 HARVEST DRIVE
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE A. NOGAJ

VTSD

04/11/2005

Electronic Signature of Signing Officer or Director

_____ Date