2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P01000053066 1. Entity Name T & S HARVESTING, INC.							05-01-2006 90470 014 ***150.00					
Principal Place	e of Busines:	5	Mailing Address					6003258	7			
1250 N SR 29 POST OFFICE BOX 4 FELDA, FL 33930 FELDA, FL 33930				2				0000.00	•			
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2. Principal P	tace of Busin	Ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			04102006	Chg-P	CR2E034	1 (11/05)		
City & State			City & State				4. FEI Numb 65-112			<u> </u>	plied For t Applicable	
Zip		Country	Ζīp	Cour	itry			of Status Desired		8.75 Add	itional	
6. Name and Address of Current F			nt Registered Agent	tegistered Agent			7. Name and Address of New Registered Agent					
ADAMS P	ENE				Name							
ADAMS, RENE 1250 N SR 29 FELDA, FL 33930						Street Address (P.O. Box Number is Not Acceptable)						
TELDA, TE	. 00000											
					City				FL	Zip Code		
 The above the obligation 	named entitions of regist	y submits this statement tered agent.	for the purpose of changing it	s register	ed office or	register	red agent, or bo	th, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE_												
	Signeture, typed	or printed name of registered age	ont and title if applicable. (NC	TE: Registere	id Agent signati.	ure required	when reinstating)		DATE			
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550	9. Election Camp Trust Fund Co			\$5 . Add	.00 May Be led to Fees					
10.	Lyp	OFFICERS AN	D DIRECTORS	11.			-	CHANGES TO OFF				
TITLE NAME	VP ADAMS, I	RENE'	☐ Detete	TITL NAM		DVS Ren	T e' Adams	:		Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP	1250 N SI FELDA, F			II '	EET ADORESS '-ST-ZIP	125	0 N SR 2	29				
TITLE	D D	L 33#30	☐ Delete	m		DP	da, FL 3	33930		X Change	Addition	
NAME	ADAMS,			NAA	-	Sam	Adams				 -	
STREET ADDRESS CITY-ST-ZIP	1250 N SI FELDA, F				EET ADORESS (-S1-ZIP	125 Fel	O N SR 2 da, FL 3	33930				
TILE .			☐ Deleta	m						Change	Addition	
NAME STREET ADORESS	1			NAA STR	RE Eet address							
CITY-ST-ZIP					r-st-zip							
TITLE NAME			☐ Delete	TITE					ı	Change	Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADORESS 1-St-Zip							
TITLE			Delete	TITL						☐ Change	☐ Addition	
NUME				NA							_	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP							
TITLE	1		☐ Delete	TM						Change	Addition	
NAME STREET ADDRESS				NAJ STR	AE Eet address							
CITY-ST-ZIP				CIT	Y-ST-ZIP							
12. I hereby of indicated of the cortical changed.	certify that the fon this report reporation or to for on an att	ne information supplied wort or suppliemental reported the receiver or trustee entachment with an address	with this filling does not qualify it is true and accurate and that inpowered to execute this repo is, with all other like empowere	for the extension of the street of the stree	remptions of ature shall h ired by Cha	contained lave the apter 60	d in Chapter 11 same legal effe 7, Florida Statut	9, Florida Statutes, ct as if made under es; and that my nan	I further certif oath; that I an ne appears in	y that the in n an officer Block 10 or	nformation or director Block 11 if	

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	IGN	A 1 1	ıĸ	₽.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #