2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000068600

1. Entity Name
FIRST HARVEST, INC.

FILED
04 JUL 09 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
07/08/04 90186 004 $150.00

Principal Place of Business	Mailing Address
1621 N.W. WILLARD RD. PALM BAY, FL 32907	1621 N.W. WILLARD RD. PALM BAY, FL 32907

DO NOT WRITE IN THIS SPACE

06302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3742995
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REED, RANDALL H
2424 N. FEDERAL HWY., #200
BOCA RATON, FL 33431

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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 _____ 6/30/04
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE / NAME	D VAUGHAN, CURRY PRES.
STREET ADDRESS	1621 N.W. WILLARD RD.
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE / NAME	ST VAUGHAN, NANCY S. SEC/TREA
STREET ADDRESS	1621 willard Rd NW
CITY-ST-ZIP	Palm Bay, FL 32907
TITLE / NAME	V CAMPBELL, FRANCIS VP
STREET ADDRESS	3965 Hield Rd NW
CITY-ST-ZIP	Palm Bay, FL 32907
TITLE / NAME	D CAMPBELL, VIRGINIA D
STREET ADDRESS	3965 Hield Rd NW
CITY-ST-ZIP	Palm Bay, FL 32907
TITLE / NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE / NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE: _____ 6/30/04 3215432069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #