

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000068600	
1. Entity Name FIRST HARVEST, INC.	

Principal Place of Business 1621 N.W. WILLARD RD. PALM BAY, FL 32907	Mailing Address 1621 N.W. WILLARD RD. PALM BAY, FL 32907
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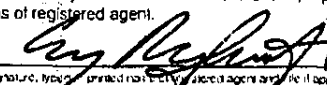
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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:  DATE: 6/30/04

Signature, typed or printed name of the registered agent and, if applicable, (NOTE: Registered Agent signature required when registering)

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

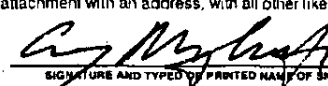
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHAN, CURRY 1621 N.W. WILLARD RD. PALM BAY, FL 32907 <i>PRES.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAUGHAN, NANCY S. SEC/TREA 1621 Willard Rd NW Palm Bay, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPBELL, FRANCIS VP 3965 Hild Rd NW Palm Bay, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, VIRGINIA D 3965 Hild Rd NW Palm Bay, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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:  DATE: 6/30/04 3215432069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

04 JUL 09 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/08/04 90186 004 \$150.00



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