

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90008 048 ***150.00

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1. Entity Name
SOUTHERN FLORIDA HARVESTERS, INC.

Principal Place of Business
**24341 CAPTAIN KIDD BLVD
 PUNTA GORDA, FL 33955**

Mailing Address
**99 NESBIT
 PUNTA GORDA, FL 33950**

34007153



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
24341 Captain Kidd Blvd.
 Suite, Apt. #, etc.

02022004 Chg-P CR2E034 (10/03)

City & State
Punta Gorda, Florida

City & State
Punta Gorda, Florida

Zip Country
33955 USA

4. FEI Number
65-1142271

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HACKETT, JACK O II
 99 NESBIT STREET
 PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent

Name
EUGENE E. WALDRON, JR.

Street Address (P.O. Box Number is Not Acceptable)
124 North Brevard Avenue

City State Zip Code
ARCADIA FL 34266

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 *Eugene E. Waldron* **2/19/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SULLIVAN, MATTHEW M JR	
STREET ADDRESS	24341 CAPTAIN KIDD BLVD	
CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	YOMANS, SHERMAN O	
STREET ADDRESS	P O BOX 1602	
CITY-ST-ZIP	LAKE PLACID, FL 33862	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SULLIVAN, CLAIRE	
STREET ADDRESS	24341 CAPTAIN KIDD BLVD	
CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Claire Sullivan* **2/16/04 (941) 575-6079**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #