





2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90280 037 ***150.00

DOCUMENT # P02000029393 1. Entity Name J B HARVESTING, INC.					
Principal Place of Business 1185 SE OHYO AVE ARCADIA, FL 34266			Mailing Address 1185 SE OHYO AVE ARCADIA, FL 34266		
2. Principal Place of Business Suite, Apt. #, etc. 1185 SE Ohio Ave		3. Mailing Address Suite, Apt. #, etc. 1185 SE Ohio Ave		50023114 	
City & State Arcadia, FL		City & State Arcadia, FL		02282005 Chg-P CR2E034 (10/03)	
Zip 34266		Country USA		4. FEI Number : 03-0411594	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARRAGAN, JORGE 1185 SE OHYO AVE ARCADIA, FL 34266				7. Name and Address of New Registered Agent Name: Jorge Barragan Street Address (R.O. Box Number is Not Acceptable): 1185 SE Ohio Ave City: Arcadia FL Zip Code: 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:  <small>Signature, typed or printed name of registered agent and type if applicable.</small>				DATE: 2-28-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP BARRAGAN, JORGE 1185 SE OHIO AVE ARCADIA, FL 34266	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRAGAN, ARACELI 1185 SE OHIO AVE ARCADIA, FL 34266	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 2-28-05 Daytime Phone #: 863-4945666	