


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000059448 1. Entity Name HARVEST HOUSE GOLD AND SILVER HERITAGE, INC.					
Principal Place of Business 3935 HIELD ROAD N.W. PALM BAY FL 32907				Mailing Address 3935 HIELD ROAD N.W. PALM BAY FL 32907	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HINDS, RHONDA L CPA 300 MAGNOLIA AVE. STE. A MERRITT ISLAND FL 32952				7. Name and Address of New Registered Agent Name Street Address (P O, Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARDS, WILLIAM R 3935 HIELD ROAD N.W. PALM BAY FL 32907 <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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000272432 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/22/05-80004-007 158.75	
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	
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1st MOORE CR2E034 (10/04)

4. FEI Number **52-2189997** Applied For ☐ Not Applicable ☒

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W. R. Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 17 MAR 05
Daytime Phone #