2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000134966

1. Entity Name
HARVEST FRESH PRODUCE OF BREVARD, INC.

Principal Place of Business	Mailing Address
725A SOUTH WICKHAM ROAD WEST MELBOURNE, FL 32904	725A SOUTH WICKHAM ROAD WEST MELBOURNE, FL 32904

04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3074643
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, RICHARD
3150 NORTH WICKHAM RD
SUITE 3
MELBOURNE, FL 32935

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000326705
04/25/05-80009-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALKER, RICHARD K
STREET ADDRESS	2630 CORBUSIER DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	TD
NAME	WALKER, NANCY J
STREET ADDRESS	2630 CORBUSIER DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	VD
NAME	HEINTZ, JAMES L
STREET ADDRESS	425 ONTARIO ST. NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	SD
NAME	HEINTZ, HEIDI M
STREET ADDRESS	425 ONTARIO ST 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: Nancy J. Walker NANCY J. WALKER 4/20/05 321-259-6079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #