2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000104990

1. Entity Name
ARAUJO HARVESTING, INC.

Principal Place of Business	Mailing Address
616 N. 9TH AVENUE	P.O. BOX 1981
WAUCHULA, FL 33873	WAUCHULA, FL 33873

4บบบ 1 ~ -

01162007   No Chg-P   CR2E034 (11/05)

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4. FEI Number		Applied For
~~20-5541621~~ 20-0317021		Not Applicable
5. Certificate of Status Desired ☐		**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARAUJO, DAVID
616 N. 9TH AVENUE
WAUCHULA, FL 33873

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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 _____
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, 2007 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARAUJO, DAVID
STREET ADDRESS	616 N. 9TH AVENUE
CITY-ST-ZIP	WAUCHULA, FL 33873

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X _David Araujo_   OWNER   01/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #