

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

| | | | | | |
|--|--|---------|--|--|--|
| DOCUMENT # P03000148377 | | | | | |
| 1. Entity Name PEACE RIVER HARVESTING, INC. | | | | | |
| Principal Place of Business 1267 U.S. HIGHWAY 41 BY-PASS SOUTH VENICE, FL 34285 | | | Mailing Address POST OFFICE BOX 44 ZOLFO SPRINGS, FL 33890 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 4. FEI Number 20-0466532 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DAVIS, HEIDI H 1708 SECOND TERRACE LAKE PLACID, FL 33852 | | | Name Street Address (P O. Box Number is Not Acceptable) City | | |
| State | | | State | | |
| Zip | | | Zip | | |
| City | | | City | | |
| State | | | State | | |
| Zip | | | Zip | | |
| 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) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable | | | | | |
| DATE | | | | | |
| 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 | | | \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P, D | | | TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| NAME GARNER, KATHY K | | | NAME U000000324497 | | |
| STREET ADDRESS 1267 U.S. HIGHWAY 41 BY-PASS SOUTH | | | STREET ADDRESS 04/22/05-80097-010 150.00 | | |
| CITY-ST-ZIP VENICE, FL 34285 | | | CITY-ST-ZIP | | |
| TITLE Delete <input type="checkbox"/> | | | TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE Delete <input type="checkbox"/> | | | TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE Delete <input type="checkbox"/> | | | TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE Delete <input type="checkbox"/> | | | TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date | | | | | |
| Daytime Phone # | | | | | |