## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000065793  1. Entity Name			
GARZA TRUCKING & HARVESTING, INC.			08 SEP 18 AH 8: 33
Principal Place of Business P.O. BOX 2094 IMMOKALEE, FL 34143	Mailing Address P.O. BOX 2094 IMMOKALEE, FL 34143		GALLAHASSEE, FLORIDA
2. Principal Place of Business - No P.O. Rox # 3. Mailing Adgress			
Suite, Apt. #, etc.  # 94  Suite, Apt. #, etc.		08272008 Chg-P CR2E034 (12/06)	
Emmokalee FL Mountrie, GA		4. FEI Number Applied For Not Applied For Not Applicable	
Zip Country Country	31776 - Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Re	gistered Agent	Name Ed w	7. Name and Address of New Registered Agent  ardo Garza
LINDE, MATTHEW A 12661 NEW BRITTANY BLVD. FT. MYERS, FL 33907		Street Address (Co. 1974 ST	
,		City	- Zin Code
The above named entity submits this statement for the stateme	e purpose of changing its register		red agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.  9/10/08			
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 \$5.50  Due by September 12, 2008  9. Election Campaign Financing			
10. OFFICERS AND DI	RECTORS 11.	37	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME GARZA, EDWARDO	NAM	ME Ed	lwardo Garza
STREET ADDRESS P.O. BOX 2094 CITY-ST-ZIP IMMOKALEE, FL 34143	The state of the s	REET ADDRESS 53 Y-SI-ZIP 53	imokalee, FL 34142
TITLE NAME STREET ADDRESS	•	LE Me Reet adoress	☐ Change ☐ Addition
CITY-ST-ZIP	Gr Gr Gr	Y-ST-ZIP	<u> </u>
NAME STREET ADDRESS CITY-ST-ZIP	NAA STR		12/12/0001044000 □*********************************
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daylimo Phone 8			