2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 18 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08272008 Chg-P CR2E034 (12/06)

DOCUMENT # P04000065793

1. Entity Name
GARZA TRUCKING & HARVESTING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2094 IMMOKALEE, FL 34143	P.O. BOX 2094 IMMOKALEE, FL 34143

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
550 N. 19TH ST.	P.O. Box 1394
Suite, Apt. #, etc. # 94	Suite, Apt. #, etc.
City & State Immokalee, FL	City & State Moultrie, GA
Zip 34142 Country Collier	Zip 31776 Country

4. FEI Number 34-2003717 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LINDE, MATTHEW A 12661 NEW BRITTANY BLVD. FT. MYERS, FL 33907	Name Edwardo Garza Street Address (P.O. Box Number is Not Acceptable) 550 N. 19TH ST City Immokalee FL Zip Code 34142

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] 9/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D/P/S/T ☐ Delete	TITLE	D/P/S/T ☑ Change ☐ Addition
NAME	GARZA, EDWARDO	NAME	Edwardo Garza
STREET ADDRESS	P.O. BOX 2094	STREET ADDRESS	550 N 19TH ST
CITY-ST-ZIP	IMMOKALEE, FL 34143	CITY-ST-ZIP	Immokalee, FL 34142
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	500136104445
TITLE	☐ Delete	TITLE	-09/18/08--01044--006 **150.00 ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 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] 9/10/08 (229) 589-2731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/19