


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

|  |                      |  |
|--|----------------------|--|
| <b>DOCUMENT # P04000067274</b>   |                      |   |
| 1. Entity Name<br><b>HARVEST POINT, INC.</b>   |                      |  |
| Principal Place of Business<br><b>8935 HWY 89<br/>MILTON, FL 32570</b>   |                      | Mailing Address<br><b>8935 HWY 89<br/>MILTON, FL 32570</b>   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GRISWALD, PAUL<br/>8935 HWY 89<br/>MILTON, FL 32570</b>  |                      | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS   |                      |  |
| TITLE  | P                    |  |
| NAME   | GRISWOLD, PAUL M     |  |
| STREET ADDRESS   | 8935 HWY 89          |  |
| CITY-ST-ZIP  | MILTON, FL 32570     |  |
| TITLE  | VPS                  |  |
| NAME   | STAFFORD, ERIC T     |  |
| STREET ADDRESS   | 915 BRANDERMILL DR   |  |
| CITY-ST-ZIP  | CANTONMENT, FL 32533 |  |
| TITLE  | VP                   |  |
| NAME   | HEATON, CHARLES W    |  |
| STREET ADDRESS   | P O BOX 6            |  |
| CITY-ST-ZIP  | CANTONMENT, FL 32533 |  |
| TITLE  |                      |  |
| NAME   |                      |  |
| STREET ADDRESS   |                      |  |
| CITY-ST-ZIP  |                      |  |
| TITLE  |                      |  |
| NAME   |                      |  |
| STREET ADDRESS   |                      |  |
| 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: <u>Paul M. Griswold</u>   |                      | 2-19-07 850-626-6667   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                      | Date DayTime Phone #   |



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| 4. FEI Number<br><b>20-1464427</b>                                   | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

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04/18/07-80012-001 158.75

**DO NOT WRITE  
IN THIS SPACE**