2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000108130

1. Entity Name
HARVEST BAY INC.

Principal Place of Business	Mailing Address
119 BISMARK COURT OCOEE, FL 34761	119 BISMARK COURT OCOEE, FL 34761

DO NOT WRITE IN THIS SPACE

04162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
41-2144584	Not Applicable

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

6. Name and Address of Current Registered Agent

LENZ, ELISA C
119 BISMARK COURT
OCOEE, FL 34761

DO NOT WRITE IN THIS SPACE

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	P
NAME	LENZ, ELISA C
STREET ADDRESS	119 BISNARK COURT
CITY-ST-ZIP	OCOEE, FL 34761

TITLE	VP
NAME	LENZ, GARY L
STREET ADDRESS	119 BISMARK COURT
CITY-ST-ZIP	OCOEE, FL 34761

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/07-80044-004 150.00

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: _Gary LENZ_   _April 16, 2007_   _407 654-3001_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #