


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000003525</b>	
1. Entity Name MELITON MEZA & SONS HARVESTING, INC	

Principal Place of Business 609 DIXON ST FORT MEADE, FL 33841 US	Mailing Address 609 DIXON ST FORT MEADE, FL 33841 US
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**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2128738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MEZA, MELITON  
 609 DIXON ST  
 FORT MEADE, FL 33841

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEZA, MELITON 609 DIXON ST E FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEZA, ELVIRA 609 DIXON ST E FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEZA, ELVIRA 609 DIXON ST E FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEZA, MELITON 609 DIXON ST E FORT MEADE, FL 33841
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/14/08-90052-017 150.00

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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:** Elvira Meza VP 04.21.08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #