

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000010692

1. Entity Name  
P. MARIN HARVESTING, INC



Principal Place of Business  
114 E. STATE RD 17A  
AVON PARK, FL 33825

Mailing Address  
114 E. STATE RD 17A  
AVON PARK, FL 33825

FILED  
07 JUL 24 AM 8:08

STATE  
AVON PARK, FLORIDA

09-14-07 01074 001 \$3972.50 - \$150.00



07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
20-2193687

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MARIN, PRIMITIVO  
114 E. STATE RD 17A  
AVON PARK, FL 33825

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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  
Due by September 14, 2007**

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

TITLE	P
NAME	MARIN, PRIMITIVO
STREET ADDRESS	114 E. STATE RD 17A
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VP
NAME	MARIN, BERTHA A
STREET ADDRESS	114 E. STATE RD 17A
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	S
NAME	MARIN, BERTHA A
STREET ADDRESS	114 E. STATE RD 17A
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	T
NAME	MARIN, PRIMITIVO
STREET ADDRESS	114 E. STATE RD 17A
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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

Daytime Phone #

5/1/07 863452-0101