2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000094728

1. Entity Name
WP HARVESTING, INC.

Principal Place of Business	Mailing Address
1572 HEARD BRIDGE ROAD WAUCHULA, FL 33873	1572 HEARD BRIDGE ROAD WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE

02132007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
81-0680363		Not Applicable

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

6. Name and Address of Current Registered Agent

PARRISH, R WAYNE
1572 HEARD BRIDGE ROAD
WAUCHULA, FL 33873

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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	U00000711167 04/25/07-80072-012 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	PARRISH, R WAYNE	
STREET ADDRESS	1572 HEARD BRIDGE ROAD	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	VPST	
NAME	PARRISH, CYNTHIA C	
STREET ADDRESS	1572 HEARD BRIDGE ROAD	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE		
NAME		
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TITLE		
NAME		
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CITY-ST-ZIP		

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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: *Cynthia C Parrish*   4/13/07   863 773-3161

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

CYNTHIA C. PARRISH