2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2006 8:00 am Secretary of State **DOCUMENT # P05000142349** 02-17-2006 90069 010 ***150.00 1. Entity Name UNLIMITED HARVESTING, INC. Principal Place of Business 🖫 Mailing Address 5963 SR 542 W WINTER HAVEN FL 33880 5963 SR 542 W WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For 4 FEI Number City & State **56-**2536928 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, MATTHEW Street Address (P.O. Box Number is Not Acceptable) 5963 SR 542 W WINTER HAVEN, FL 33880 Zip Code 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 aignature recovered when rountailing) DATE FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition THE PTD ☐ Delete inne ☐ Change NAME SMITH, MATTHEW NAME STREET ADDRESS STREET ADDRESS 5963 SR 542 W CITY-ST-ZIP WINTER HAVEN FL 33880 CITY-ST-ZIP Delete TITLE ☐ Change Addition PHILLIPS, ROY L NAME NAME STREET ADDRESS 132 7TH TERR., WAHNETA WAY STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 CITY-ST-ZIP TITLE ☐-Crança--- ☐ Addition THRE C.Catate NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Detete ☐ Addition THRE mif NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Section 1.19, 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.

2-1-06 SIGNATURE:



February 21, 2006

UNLIMITED HARVESTING, INC. 5963 SR 542 W WINTER HAVEN, FL 33880

Subject: UNLIMITED HARVESTING, INC.

Reference Number: P05000142349

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION