2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# P05000151222

Entity Name: HARVEST LAND DEVELOPMENT CORP

Current Principal Place of Business:

13 NE KELLY AVENUE
SUITE 4
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

776 CJ LAIRD RD
PONCE DE LEON, FL 32455 US

New Mailing Address:

13 NE KELLY AVENUE
SUITE 4
FT WALTON BEACH, FL 32548

FEI Number: 20-3782583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JAMES K
776 CJ LAIRD RD
PONCE DE LEON, FL 32455 US

Name and Address of New Registered Agent:

WOOD, STEVEN M
13 NE KELLY AVENUE
SUITE 4
FT WALTON BEACH, FL 32548 US

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.

SIGNATURE: STEVEN M. WOOD 05/15/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOOD, STEVEN M
Address: 119 LAKE LORRAINE CIRCLE
City-St-Zip: SHALIMAR, FL 32579

Title: SEC ( ) Delete
Name: SMITH, JAMES K
Address: 776 CJ LAIRD RD
City-St-Zip: PONCE DE LEON, FL 32455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VST (X) Change ( ) Addition
Name: WOOD, ANGELA M
Address: 119 LAKE LORRAINE CIRCLE
City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN M WOOD P 05/15/2008
Electronic Signature of Signing Officer or Director Date