2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # P05000161885 1. Entity Name FROSTPROOF HARVESTING COMPANY, INC.						05-02-2006	_		
Principal Plac	e of Business	Mailing Address			400	, . ~ -			
50 EAST I STREET 50 EAST I STRE									
FROSTPROOF	FROSTPROOF, FL 338								
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O Orientinal D	lace of Business	9 Mailian Address							
z. mincipai e	3. Mailing Address							HERI II IERI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0 1 D				
					04272006	Chg-P	CRZEO	34 (11/05)	
City & State		City & State		4. FEI Numbe			Ap	plied For	
7.5		7:-		· · · · · · · · · · · · · · · · · · ·	20-394	1887			t Applicable
Zip	Country	Zip	Count	try	5. Certificate of	of Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent	l		7. Name and	Address of New R			<u>.</u>
				Name			· -	-	
MANNING, ERNEST R				Street Address	P O Boy Mumbo	r is Not Acceptable			
50 EAST I STREET FROSTPROOF, FL 33843				Street Address		i is Not Acceptable	;) 		
	001,12 00040								
				City				Zip Cod	9
8. The above named entity submits this statement for the purpose of changing its register							<u>FL</u>	'	
the obligat	named entity submits this statement to ions of registered agent.	or the purpose of changing its	registere	ed office or registe	red agent, or both	n, in the State of Fic	orida. I am fa	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agen	t and title # applicable. (NOT)	E: Registered	d Agent signature require	d when reinstating)		DATE		
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Cont			.00 May Be led to Fees			-	
10. ^	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTOR	3 IN 11
mit	PTD	☐ Delete	TITLE					Change	Addition
NAME	MANNING, ERNEST R		NAME	I					
STREET ADDRESS CITY-ST-ZIP	50 EAST STREET FROSTPROOF, FL 33843			ET ADDRESS - ST-ZIP					
TITLE	VP	☐ Delete	TITLE					☐ Change	- Addition
NAME	MANNING, YVONNE		NAME					☐ Clarife	Addition
STREET ADORESS	50 EAST I STREET			ET ADDRESS					
CITY-\$T-ZIP	FROSTPROOF, FL 33843		CITY	-ST-ZIP					
TITLE	S	☐ Delete	TITLE					☐ Change	Addition
NAME	RIMER, KATINA		NAME						
STREET ADDRESS CITY-ST-ZIP	50 EAST I STREET		CTDE	et address					
	1								
	FROSTPROOF, FL 33843		CITY	-ST-ZIP					
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TITLE NAME	1	☐ Delete	CITY- TITLE NAME	E				Change	Addition
TITLE	1	☐ Delete	CITY- TITLE NAME STREE					Change	Addition
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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.

CICNATURE.

ATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2006

635-3581

Daytime I