2007 FOR PROFIT CORPORATION

Secretary of State ANNUAL REPORT 01-26-2007 90037 047 ***150.00 DOCUMENT # P06000039932 GOLDEN HARVEST FRUIT SALES, INC. DUUUHUVV Principal Place of Business Mailing Address 498 MAPLE AVE P.O. BOX 2549 FORT PIERCE, FL 34982 FORT PIERCE, FL 34954 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4427281 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARSHALL, MICHELE Street Address (P.O. Box Number is Not Acceptable) 32801 NORTH HIGHWAY 441, LOT 171 OKEECHOBEE, FL 34972 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE Change ☐ Addition MARSHALL, MICHELE NAME NAME STREET ADDRESS STREET ADDRESS 32801 NORTH HIGHWAY 441, LOT 171 CITY-ST-ZIP OKEECHOBEE, F; 34972 CITY-S1-ZIP TITLE TITLE ☐ Detete Change Addition MARSHALL, JAMES W NAME NAME STREET ADDRESS 32801 NORTH HIGHWAY 441, LOT 171 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, F; 34972 CITY-ST-ZIP TITLE ☐ Deleta TITLE ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE THUE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Feb 22, 2007 8:00 am

☐ Change

Addition

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

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

half Michele Marshall, President 2/19/07

1/26/2007-90037-047-\$150.00-\$150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0600039932 1. Entity Name GOLDEN HARVEST FRUIT SALES, INC.					ATTACHMENT				
Principal Place 498 MAPLE : FORT PIERCE	AVE	Mailing Address P.O. BOX 2549 FORT PIERCE, FL 349	. •			Q600i	X56.	5	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite. Apt. #, etc			01152007	Chg-P	CR2E	034 (12/06)	_
City & State		City & State			4. FEI Numb	er			oplied For ox Applicable
Zφ	Country	Zip	Countr	у	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New	Registered	Agent	
MARSHALL, MICHELE 32801 NORTH HIGHWAY 441, LOT 171 OKEECHOBEE, FL 34972				Street Address (P.O. Box Number is Not Acceptable)					
				City			Fl	Zip Cod	e
	named entity submits this statement ions of registered agent.	for the purpose of changing it	s registered	d office or register	red agent, or bo	th, in the State of F	iorida. Lam	n familiar with,	and eccept
SIGNATURE.	Signature, typied or priviles name of registered age	ne and sele if applicable. (NO	TE Registered i	Agent signature requirer	t when /elnausong)		DATE		
	E NOW!!! FEE IS \$150.00 By 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Cor			.00 May Be led to Fees				
10.		D DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AN		
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TITLE NAME STREET ADDRESS CLEY SE-ZIP				ADDMESS SI-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS COLVEST AND	-	☐ Detete	TIBLE MAME SIREEI 	I ADDRESS				☐ Change	Addition
TOLE MADE STREET ADDRESS CITY ST UP		☐ Delide	IIILE NUME STREET CITY-S	ADDRESS SI- AP		,	-	☐ Change	Addition
NAME STREET ADDRESS CHY-ST ZIP		☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-21P				☐ Change	Addition
THLE NAME STREET ADDRESS CHY ST ZIP		☐ Delete	HITLE NAME STREET CITY-S	ADDRESS 1-ZIP				Change	Addition
indicated of the cor changed	certily that the information supplied within report or supplemental report protation or the receiver or trustee emit, or on an attachment with an actiones. URE: SIGNATURE AND TYPED OF	is true and accurate and that powered to execute this report, with all other like empowered	my signatu ri as require d. i che le	re shall have the and by Chapter 607	same leg al effe d 7. Florida Statute	t as if made under	ne appears	am an officer	or director