

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000074433

FILED
Apr 04, 2007
Secretary of State

Entity Name: HARVEST WORKERS NETWORK INC.

Current Principal Place of Business:

PO BOX 13242
JACKSONVILLE, FL 32206

New Principal Place of Business:

7464 ORTEGA HILLS DR
JACKSONVILLE, FL 32244

Current Mailing Address:

PO BOX 13242
JACKSONVILLE, FL 32206

New Mailing Address:

PO BOX 440726
JACKSONVILLE, FL 32222

FEI Number: 74-3185633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YARBROUGH, MARSHA
2986 GULF STREAM LANE
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YARBROUGH, MARSHA
Address: 2986 GULF STREAM LANE
City-St-Zip: JACKSONVILLE, FL 32250

Title: VP () Delete
Name: MODESTE, ANNETTE
Address: 1203 E 12TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: MODESTE, DAVID PM
Address: 1203 E 12TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: YARBROUGH, RICHARD J
Address: 7443 ORTEGA HILLS DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: S (X) Change () Addition
Name: URSCH, SARAH D
Address: 7464 ORTEGA HILLS DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Change (X) Addition
Name: KILMER, CHARLES R
Address: 15413 GERKIN AVE
City-St-Zip: LAWNSDALE, CA 90260

I hereby certify that the information supplied with this filing does not qualify for the 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: SARAH D URSCH

S

04/04/2007

Electronic Signature of Signing Officer or Director

Date