

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000064592

Entity Name: HARVESTER SALES, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

5016 BILLINGS ST.  
LEHIGH ACRES, FL 33971 US

## Current Mailing Address:

5016 BILLINGS ST.  
LEHIGH ACRES, FL 33971 US

## New Principal Place of Business:

13805 HERONWOOD LN.  
46  
FORT MYERS, FL 33919 US

## New Mailing Address:

13805 HERONWOOD LN.  
46  
FORT MYERS, FL 33919 US

FEI Number: 26-0273316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARLOW, KELLY S  
5016 BILLINGS STREET  
LEHIGH ACRES, FL 33971 US

## Name and Address of New Registered Agent:

LEDFORD, CHRISTOPHER J  
13805 HERONWOOD LN.  
46  
FORT MYERS, FL 33919 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: CHRISTOPHER J. LEDFORD

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT D ( ) Delete  
Name: LEDFORD, CHRIS  
Address: 5016 BILLINGS STREET  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VPTD (X) Delete  
Name: GARLOW, KELLY S  
Address: 5016 BILLINGS STREET  
City-St-Zip: LEHIGH ACRES, FL 33971 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT D (X) Change ( ) Addition  
Name: LEDFORD, CHRISTOPHER J  
Address: 13805 HERONWOOD LN. #46  
City-St-Zip: FORT MYERS, FL 33919 US

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

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: CHRISTOPHER J. LEDFORD

PT D

04/29/2009

Electronic Signature of Signing Officer or Director

Date