2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P07000096904

Entity Name: HARVESTIME, INC.

Current Principal Place of Business:

2013 SE AVON PARK DRIVE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2013 SE AVON PARK DRIVE
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 26-1360954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, CORRIN E
2013 SE AVON PARK DRIVE
PORT ST LUCIE, FL 34952 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: ROBINSON, CORRIN E
Address: 2013 SE AVON PARK DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VP ( ) Delete
Name: LEMANSKI, STEPHEN
Address: 1762 SW DAY STREET
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP ( ) Delete
Name: LEMANSKI, MICHAEL
Address: 1202 SE EXCALIBUR LANE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: TR ( ) Delete
Name: FORTE, DANIELLE
Address: 2081 SE EATONVILLE DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CORRIN ROBINSON P 04/27/2009

Electronic Signature of Signing Officer or Director — Date