

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096904

Entity Name: HARVESTIME, INC.

FILED
Mar 07, 2012
Secretary of State

Current Principal Place of Business:

2013 SE AVON PARK DRIVE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

3701 SW MASILUNAS STREET
PORT ST LUCIE, FL 34953

Current Mailing Address:

2013 SE AVON PARK DRIVE
PORT ST LUCIE, FL 34952

New Mailing Address:

3701 SW MASILUNAS STREET
PORT ST LUCIE, FL 34953

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:

ROBINSON, CORRIN E
3701 SW MASILUNAS STREET
PORT ST LUCIE, FL 34953 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:

03/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ROBINSON, CORRIN E
Address: 3701 SW MASILUNAS STREET
City-St-Zip: PORT ST LUCIE, FL 34953

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

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

Title: TR
Name: FORTE, DANIELLE
Address: 3701 SW MASILUNAS STREET
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: CORRIN ROBINSON

P

03/07/2012

Electronic Signature of Signing Officer or Director

Date