


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90009 023 ***158.75

DOCUMENT # P22441			
1. Entity Name HARVEY BROS. FARMS, INC.			
Principal Place of Business 7373 VANDERBILT BEACH RD EXT NAPLES, FL 34119 US		Mailing Address 7373 VANDERBILT BEACH RD EXT NAPLES, FL 34119 US	
2. Principal Place of Business 4480 7th Ave NW Suite, Apt. #, etc.		3. Mailing Address 4480 7th Ave NW Suite, Apt. #, etc.	
City & State Naples FL Zip 34119 Country US		City & State Naples FL Zip 34119 Country US	
4. FEI Number 52-0769710		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARVEY, FRED R. 7373 VANDERBILT BEACH RD EXT NAPLES, FL 34119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4480 7th Ave NW City Naples FL Zip Code 34119	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME HARVEY, FRED R. STREET ADDRESS 7373 VANDERBILT BEACH RD EXT CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME 4480 7th Ave NW STREET ADDRESS Naples FL 34119 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME HARVEY, GUY W. STREET ADDRESS 7373 VANDERBILT BEACH RD EXT CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME 4480 7th Ave NW STREET ADDRESS Naples FL 34119 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME HARVEY, ROBERT E. STREET ADDRESS 7373 VANDERBILT BEACH RD EXT CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME 4480 7th Ave NW STREET ADDRESS Naples FL 34119 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Fred R Harvey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-12-04 Date Daytime Phone #	