

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000039490

Entity Name: HAVEST CORP.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1 WEST SAMPLE RD
STE 204
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

1 WEST SAMPLE RD
STE 204
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 65-0416280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTSCHULER, HAROLD
ONE WEST SAMPLE RD
STE 204
POMPANO BCH, FL 33064 US

Name and Address of New Registered Agent:

ALTSCHULER, HAROLD
1 WEST SAMPLE RD
STE 204
POMPANO BCH, FL 33064 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALTSCHULER, HAROLD
Address: ONE WEST SAMPLE RD STE 204
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP () Delete
Name: ALTSCHULER, JEFFREY
Address: ONE WEST SAMPLE ROAD, SUITE 201
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALTSCHULER, HAROLD
Address: 1 WEST SAMPLE RD., STE 204
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP (X) Change () Addition
Name: ALTSCHULER, JEFFREY
Address: 1 WEST SAMPLE RD., SUITE 204
City-St-Zip: POMPANO BEACH, FL 33064

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: HAROLD ALTSCHULER

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date