


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-07-2005 90004 040 ***550.00

DOCUMENT # P93000061533 1. Entity Name DEVIL'S GARDEN HARVESTING, INC.	
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Principal Place of Business 25670 CR 833 CLEWISTON, FL 33440	Mailing Address 25670 CR 833 CLEWISTON, FL 33440
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0435152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCDANIEL, ROBERT E SR
25670 CR 833
CLEWISTON, FL 33440

**DO NOT WRITE
IN THIS SPACE**

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 ROBERT E. MCDANIEL JR 7/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCDANIEL, ROBERT E. JR. 25670 CR 833 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCDANIEL, MARY 25670 CR 833 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS- MCDANIEL, JOHN L 25670 CR 833 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS- MCDANIEL, JAMES JEFFREY 25670 CR 833 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCDANIEL, JOSEPH DAVID 25670 CR 833 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Robert E. McDaniel Jr. 7/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #