

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000061533

FILED
Feb 17, 2009
Secretary of State

Entity Name: DEVIL'S GARDEN HARVESTING, INC.

Current Principal Place of Business:

32800 CR833
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

32800 CR833
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 65-0435152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDANIEL, ROBERT E JR
32800 CR833
CLEWISTON, FL 33440 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: RA () Delete
Name: MCDANIEL, ROBERT E. JR.
Address: 25670 CR 833
City-St-Zip: CLEWISTON, FL 33440

Title: S () Delete
Name: MCDANIEL, MARY
Address: 25670 CR 833
City-St-Zip: CLEWISTON, FL 33440

Title: VP () Delete
Name: MCDANIEL, JOHN L
Address: 25670 CR 833
City-St-Zip: CLEWISTON, FL 33440

Title: AS () Delete
Name: MCDANIEL, JAMES JEFFREY
Address: 25670 CR 833
City-St-Zip: CLEWISTON, FL 33440

Title: T () Delete
Name: MCDANIEL, JOSEPH DAVID
Address: 25670 CR 833
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RA (X) Change () Addition
Name: MCDANIEL, ROBERT E. JR.
Address: 32800 CR 833
City-St-Zip: CLEWISTON, FL 33440

Title: S (X) Change () Addition
Name: MCDANIEL, MARY
Address: 32800 CR 833
City-St-Zip: CLEWISTON, FL 33440

Title: VP (X) Change () Addition
Name: MCDANIEL, JOHN L
Address: 32800 CR 833
City-St-Zip: CLEWISTON, FL 33440

Title: AS (X) Change () Addition
Name: MCDANIEL, JAMES JEFFREY
Address: 32800 CR 833
City-St-Zip: CLEWISTON, FL 33440

Title: T (X) Change () Addition
Name: MCDANIEL, JOSEPH DAVID
Address: 32800 CR 833
City-St-Zip: CLEWISTON, FL 33440

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: ROBERT E MCDANIEL JR

RA

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date