


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90237 017 \*\*\*150.00

<b>DOCUMENT # P94000032439</b>	
1. Entity Name <b>LLOYD'S HARVESTING, INC.</b>	

Principal Place of Business <b>812 EAST KEYSVILLE RD. PLANT CITY, FL 33567</b>	Mailing Address <b>812 EAST KEYSVILLE RD. PLANT CITY, FL 33567</b>
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2. Principal Place of Business - No P.O. Box # <b>5750 Eaglemount Circle</b>	3. Mailing Address <b>5750 Eaglemount Circle</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lithia FL</b>	City & State <b>Lithia FL</b>
Zip <b>33547</b>	Country <b>USA</b>

01052007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3242877</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LLOYD, DONALD O 812 EAST KEYSVILLE RD. PLANT CITY, FL 33567</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5750 Eaglemount Circle</b> City <b>Lithia</b> FL Zip Code <b>33547</b>	
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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LLOYD, DONALD O 812 E. KEYSVILLE RD. PLANT CITY, FL 33567</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5750 Eaglemount Circle Lithia FL 33547</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LLOYD, MARYANN 812 E. KEYSVILLE RD. PLANT CITY, FL 33567</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5750 Eaglemount Circle Lithia FL 33547</b>
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
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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 exemptions contained 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 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: Donald O. Lloyd President 1-5-07 813-737-3866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #