2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 8:00 am Secretary of State

OOCUMENT # P94000068237			03-31-2006 90020 007 ***150.00	
Entity Name R.B. HARVESTING & TRUCKING, INC.				
Principal Place of Business	Mailing Address	 		
4800 LAKE TRAEFORD FARMS RD. IMMOKALEE, EL 33934	P.O. BOX 2173 IMMOKALEE, FL 339	934		50007754
2. Principal Place of Business 4475 Little Leag	3. Mailing Address	•		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E034 (11/05)
Immokality F	City & State		4. FEI Number 65-0521260	Applied For Not Applicable
3414Z Co//i	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Addre	ss of Current Registered Agent	Name A A	7. Name and Address of New R	,
WATKINS, JOHN J	Street Address	NASIO ROWR (P.Q.Box Mumber is Not Agreentable	ighet.	
STE 2 LABELLE, FL 33935		77	13 LINE LEAGI	1e Ro
	\cdot \bigcirc	City Im:	noka LEZ	FL 3994
8. The above named entity submits the the obligations of registered agent.	is statement for the purpose of changing	its registered office or registe	ered agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
	FFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	
TITLE D S. RODRIGUEZ, ATAN	Delete	TITLE P	D	Change Addition
NAME RODRIGUEZ, ATAN STREET ADDRESS 4800 LAKE TRAFEC		NAME STREET ADDRESS	ODRIGUEL,	TIANASID
CITY-ST-ZIP IMMORALEE, FL. 3	9934	CITY-ST-ZIP	ODRIGUEZ, 1 475 Little league mmokalle, Fl	34142
TITLE	□ Delete	TITLE	/	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-\$T-ZIP		
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		
CITY-SI-ZIP	· · · · · · · · · · · · · · · · · · ·	CITY-\$T-ZIP		
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		
CITY-\$1-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		i
CITY-ST-ZIP		CITY-ST-ZIP		
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 acceptate 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 aggress, with all otherlike empowered.				
SIGNATURE: 2-27-06				
SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date				