


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90081 002 \*\*\*150.00

DOCUMENT # P96000029256					
1. Entity Name <b>SUNRIDGE HARVESTING CO.</b>					
Principal Place of Business <b>27 RICHFIELD DR. LAKE PLACID, FL 33852</b>			Mailing Address <b>POST OFFICE BOX 2290 LAKE PLACID, FL 33862 US</b>		
2. Principal Place of Business - No P.O. Box # <b>27 Ranier Drive</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Lake Placid, FL</b>		City & State		4. FEI Number <b>65-0656575</b>	
Zip <b>33852</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILSON, CHARLES J III 27 RICHFIELD DR. LAKE PLACID, FL 33852</b>			7. Name and Address of New Registered Agent Name <b>Charles J. Wilson, III</b> Street Address (P.O. Box Number is Not Acceptable) <b>27 Ranier Drive</b>  City <b>Lake Placid FL Zip Code 33852</b>		
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: <u><i>Charles J. Wilson III</i></u> DATE: <u>4/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WILSON, CHARLES J III 763 SUNSET POINT DRIVE LAKE PLACID, FL 33852 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Charles J. Wilson III</i></u>			Charles J. Wilson, III, President		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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