2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P96000029256 1. Entity Name SUNRIDGE HARVESTING CO.

FILED Apr 11, 2008 08:00 Al Secretary of State



Principal Place of Business

27 RANIER DRIVE LAKE PLACID, FL 33852 Mailing Address

POST OFFICE BOX 2290 LAKE PLACID, FL 33862

US



DO	NOT	WRITE	IN TH	IS SPAC	CE
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		_	\$8.75 Additional	
65-0656	5575		Not Applicable	
4. FEI Number			Applied For	
04072008 No Chg-P		CR2E034 (11/05)		

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

WILSON, CHARLES J III 27 RANIÉR DRIVE LAKE PLACID, FL 33852

DO NOT WRITE IN THIS SPACE

 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 acc the obligations of registered agent. 	ept
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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 04.723.708-80066-016 150.00	 `
10. OFFICERS AND DIRECTORS	-
TITLE PVST NAME WILSON, CHARLES J III STREET ADDRESS 763 SUNSET POINT DRIVE CITY-SI-ZIP LAKE PLACID, FL 33852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS 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 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 Statules, 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:

SIGNING OFFICER OR DIRECTOR

Daylima Phone 6