

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000092351

1. Entity Name
PEREZ HARVESTING, INC.



Principal Place of Business
**11431 S.R. 33
GROVELAND, FL 34736**

Mailing Address
**P.O. BOX 544
GROVELAND, FL 34736**



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3470365	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**PEREZ, LUIS
11431 S.R. 33
GROVELAND, FL 34736**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000450576
03/10/06-80012-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	PEREZ, LUIS
STREET ADDRESS	11431 S.R. 33
CITY-ST-ZIP	GROVELAND, FL 34736

TITLE	V
NAME	PEREZ, MARIA E
STREET ADDRESS	PO BOX 544
CITY-ST-ZIP	GROVELAND, FL 34736

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-06

Date

Daytime Phone #