

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000057228**

1. Entity Name  
**VALENCIA HARVESTING, INC.**



Principal Place of Business  
**3665 BEE RIDGE RD., STE. 310  
SARASOTA, FL 34233**

Mailing Address  
**3665 BEE RIDGE RD., STE. 310  
SARASOTA, FL 34233**



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0766733**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MCSWEENEY, ANINA C  
3665 BEE RIDGE RD., STE. 310  
SARASOTA, FL 34233**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000105185  
04/07/04-80015-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MCSWEENEY, A C
STREET ADDRESS	3665 BEE RIDGE RD, 310
CITY - ST - ZIP	SARASOTA, FL 34223
TITLE	VS
NAME	THOMAS, D M C
STREET ADDRESS	3665 BEE RIDGE RD, 310
CITY - ST - ZIP	ARASOTA, FL 34233
TITLE	VT
NAME	CARRION, J R
STREET ADDRESS	3665 BEE RIDGE RD, 310
CITY - ST - ZIP	SARASSOTA, FL 34233
TITLE	VV
NAME	HARRISON, C W JR
STREET ADDRESS	5385 SE TAYLOR AVE
CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 exemption stated in Section 119.07(3)(f), 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

**04-02-04**

Date

Daytime Phone #