


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000057228</b> 1. Entity Name VALENCIA HARVESTING, INC.	
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Principal Place of Business 3665 BEE RIDGE RD., STE. 310 SARASOTA, FL 34233	Mailing Address 3665 BEE RIDGE RD., STE. 310 SARASOTA, FL 34233
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**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0766733</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent  MCSWEENEY, ANINA C 3665 BEE RIDGE RD., STE. 310 SARASOTA, FL 34233	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCSWEENEY, A C 3665 BEE RIDGE RD, 310 SARASOTA, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THOMAS, D M C 3665 BEE RIDGE RD, 310 ARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARRION, J R 3665 BEE RIDGE RD, 310 SARASSOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV HARRISON, C W JR 5385 SE TAYLOR AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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:**  **Anina C. McSweeney** 3/4/05 (941) 923-4551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #