


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91024 030 ***150.00

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # P98000010744 1. Entity Name M & R HARVESTING, INC. | | | |  | |
| Principal Place of Business 12765 W. FOREST HILL BLVD., STE 1304 WELLINGTON, FL 33414 | | | Mailing Address 12765 W. FOREST HILL BLVD., STE 1304 WELLINGTON, FL 33414 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-1027388 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PORRO, HILDA M 12773 W FOREST HILL BLVD., SUITE 1201 WELLINGTON, FL 33414 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PERALES, JESUS <input type="checkbox"/> Delete 12765 W. FOREST HILL BLVD. STE. 1304 WELLINGTON, FL 33414 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MIGUEL R PERALES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11750 ST ANDREWS PL. APT# 305 WELLINGTON, FL. 33414 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS PERALES, MIGUEL R <input type="checkbox"/> Delete 2062 POLO GARDEN DR #108 WEST PALM BEACH, FL 33414 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS JESUS PERALES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12765 W FOREST HILL BLVD. Suite WELLINGTON, FL. 33414 1304 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PERALES, RICHARD J. <input type="checkbox"/> Delete 1586 KNOTTHAM DR WELLINGTON, FL 33414 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JESUS PERALES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12765 W. FOREST HILL BLVD. Suite WELLINGTON, FL. 33414 1304 | |
| 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 | |
| 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 | |
| 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 exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/20/04 561-798-9822 <small>Date Daytime Phone #</small> | | |