


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

06-07-2004 90001 036 \*\*\*150.00

<b>DOCUMENT # P99000040644</b>	
1. Entity Name <b>HARVESTING CENTRAL FLORIDA, INC.</b>	

Principal Place of Business <b>578 CYPRESS STREET WAUCHULA, FL 33873</b>	Mailing Address <b>578 CYPRESS STREET WAUCHULA, FL 33873</b>
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**54056865**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05242004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>VALENCIA-ARZATE, JUANA 578 CYPRESS STREET WAUCHULA, FL 33873</b>		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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ARZATE, JORGE LUIS P.O. BOX 1164 FT. MEADE, FL 33841</b> <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	<b>DPT ARZATE, JUANA V P.O. BOX 1164 FT. MEADE, FL 33841</b> <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	<b>DVS ARZATE-VALENCIA, ELJIADITE P.O. BOX 1164 FT. MEADE, FL 33841</b> <input checked="" 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
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: <i>Juana Valencia Arzate</i>	Date: <i>5/30/04</i>	Daytime Phone #: <i>(President)</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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*P99000040644*

Florida Department of State  
Division of Corporations.  
Uniform Business Report  
P.O. box 1500  
Tallahassee, Florida 32302-1500.-

May 4, 2003.-

RE: Harvesting Central Florida, Inc.  
P.O. box 1164,  
FT. Meade, Florida 33841-1164.-

Dear Sir/Madam:

I did not received the  
the document to pay the renewal for the present year Corporation.

The proof is that you sent only the ANNUAL REPORT NOTICE but not a form to file and  
send the annual due.

I am enclosing the \$550.00 and I hope you will send me next year the form to pay  
the renewal. I am enclosing a copy of the last year report so you can see we have  
not recieved anything.-

Hoping to hear from you.

Sincerely I remain.,

*Juana Valencia Arzate*

Juana Valencia Arzate.  
President  
578 Cypress Street  
Wauchula Florida 33873.-

Enclosed a copy of the Annual Report Notice.

A copy of the last year report.-