## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000098090

FILED Jan 15, 2009 Secretary of State

Entity Name: EVERGLADES MECHANICAL HARVESTING, INC.

Current B	rincipal Place	of Business	New Principal Place	of Business
Surreint P	inicipai Fiace	OI DUSINESS.	New Fillicipal Place	: OI Busilless.
P O BOX 770069 WINTER GARDEN, FL 34777		80 2ND STREET WINTER GARDEN, F	80 2ND STREET WINTER GARDEN, FL 34777	
Current N	lailing Addres	s:	New Mailing Addres	ss:
O BOX 7 WINTER (	770776 GARDEN, FL 3	34777		
El Number	: 59-3609307	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
159 LOOK	NICHOLAS (OUT PLACE, 9 D, FL 32751	SUITE 101 US		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
n the State	e of Florida. ´ RE:	submits this statement for the particles in the particles and statement for the particles and		ed office or registered agent, or both,  Date
n the State	e of Florida. ÉRE: Electror			
n the State	e of Florida. ÉRE: Electror	ic Signature of Registered Ago Trust Fund Contribution().	ent	
n the State	e of Florida.  RE: Electror  mpaign Financing  S AND DIREC	ic Signature of Registered Ago Trust Fund Contribution ( ).  TORS:  Delete  RETTE	ent	Date
n the State BIGNATUI Election Car DFFICER: Title: Name: Address:	e of Florida.  RE:  Electror  mpaign Financing  S AND DIREC  D ()  FISCHER, EVE P O BOX 77006  WINTER GARD	ic Signature of Registered Agr Trust Fund Contribution ( ).  TORS:  Delete RETTE S9 EN, FL 34777  Delete NETH 6	ent  ADDITIONS/CHANG  Title: Name: Address:	Date  BES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN FISCHER V 01/15/2009