


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # S45688 1. Entity Name INDEPENDENT HARVESTING, INC.	
--	---

Principal Place of Business US HWY 27, SOUTH MOORE HAVEN, FL 33471 US	Mailing Address P.O. BOX 1250 MOORE HAVEN, FL 33471 US
---	--



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0252241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LUNDY, ROY D., JR 305 S COUNTY RD 720 SE MOORE HAVEN, FL 33471

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMITH, RALPH 599 2ND STREET SW MOORE HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KILPATRICK, RUSSELL 1880 KILPATRICK DRIVE N.W. MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODWARD, JAMES Q PO BOX 1113 MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAGUESPACK, RANDY G 3850 CENTER DRIVE MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000603478
01/29/07-80015-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ralph C. Smith* **RALPH C SMITH**
ASST. SECRETARY 01/19/2007 863-946-0136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #