

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S45688

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: INDEPENDENT HARVESTING, INC.

## Current Principal Place of Business:

US HWY 27, SOUTH  
MOORE HAVEN, FL 33471 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1250  
MOORE HAVEN, FL 33471 US

## New Mailing Address:

FEI Number: 65-0252241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUNDY, ROY D., JR  
305 S COUNTY RD 720 SE  
MOORE HAVEN, FL 33471 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: AS ( ) Delete  
Name: SMITH, RALPH,  
Address: 599 2ND STREET SW  
City-St-Zip: MOORE HAVEN, FL

Title: ST ( ) Delete  
Name: KILPATRICK, RUSSELL  
Address: 1880 KILPATRICK DRIVE N.W.  
City-St-Zip: MOORE HAVEN, FL 33471

Title: P ( ) Delete  
Name: WAGUESPACK, RANDY G  
Address: 3850 CENTER DRIVE  
City-St-Zip: MOORE HAVEN, FL 33471

Title: V ( ) Delete  
Name: LUNDY, ROY D JR  
Address: 305 S CTY RD 720 SE  
City-St-Zip: MOORE HAVEN, FL 33471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change ( ) Addition  
Name: SMITH, RALPH,  
Address: 599 2ND STREET SW  
City-St-Zip: MOORE HAVEN, FL 33471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RALPH C. SMITH

AS

01/06/2009

Electronic Signature of Signing Officer or Director

Date