## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66911

Entity Name: FAMILY HARVEST, INC.

FILED Apr 29, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

11783 SE HW 441

BELLEVIEW, FL 34420 US

Current Mailing Address: New Mailing Address:

PO BOX 38

BELLEVIEW, FL 34421

FEI Number: 59-3081322 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOFIA, PASQUALE JR 11191 SE 55TH AVE. RD. BELLEVIEW, FL 34420 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 SOFIA, PASQUALE
 Name:
 SOFIA, PASQUALE

 Address:
 11191 SE 55TH AVE. APT 804
 Address:
 11255 SE 40TH AVE

 City-St-Zip:
 BELLEVIEW, FL 34420
 City-St-Zip:
 BELLEVIEW, FL 34420

Title: S/T () Delete Title: S/T (X) Change () Addition

 Name:
 SABRINA, SOFIA
 Name:
 SABRINA, SOFIA R

 Address:
 11191 SE 55TH AVE. APT. 804
 Address:
 11255 SE 40TH AVE

 City-St-Zip:
 BELLEVIEW, FL 34420
 City-St-Zip:
 BELLEVIEW, FL 34420

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PASQUALE SOFIA PRES 04/29/2005