


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90043 025 ***150.00

DOCUMENT # V01231

1. Entity Name
GOLDEN HARVEST SALES CO., INC.



Principal Place of Business Mailing Address

4788 N US 1 PO BOX 2549
FT. PIERCE, FL 34946 US FT. PIERCE, FL 34954 US

2. Principal Place of Business 3. Mailing Address

498 Maple Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Fort Pierce, FL

Zip Country Zip Country

34982 US

6. Name and Address of Current Registered Agent

BASS, R. DALE
8686 ANDREWS AVENUE
FORT PIERCE, FL 34981

50004426



01132005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0311888 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, R. DALE	
STREET ADDRESS	8686 ANDREWS AVENUE	
CITY-ST-ZIP	FT. PIERCE, FL 34954	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, DIANNA	
STREET ADDRESS	8686 ANDREWS AVENUE	
CITY-ST-ZIP	FT. PIERCE, FL 34954	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dianna Bass* Secretary Date: 1/14/05 Daytime Phone #: 772/461-6669