

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90086 030 ***150.00

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01152007 Chg-P CR2E034 (12/06)

DOCUMENT # V01231 1. Entity Name GOLDEN HARVEST SALES CO., INC.			
Principal Place of Business 498 MAPLE AVE FORT PIERCE, FL 34982 US		Mailing Address PO BOX 2549 FT. PIERCE, FL 34954 US	
2. Principal Place of Business - No P.O. Box # 492 Maple Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2550 Suite, Apt. #, etc.	
City & State Fort Pierce, FL Zip 34982 Country		City & State Fort Pierce, FL Zip 34954 Country	
4. FEI Number 65-0311888		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASS, R. DALE 8686 ANDREWS AVENUE FORT PIERCE, FL 34981		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP D BASS, R. DALE 8686 ANDREWS AVENUE FT. PIERCE, FL 34954	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP D BASS, DIANNA 8686 ANDREWS AVENUE FT. PIERCE, FL 34954	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Dianna Bass</u> Dianna Bass, Secretary		Date <u>11/18/07</u> Daytime Phone # <u>772/461-6669</u>	