


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

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| DOCUMENT # V12729 1. Entity Name H & S HARVESTING, INC. |  |
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| Principal Place of Business 5500 FLAGHOLE ROAD CLEWISTON, FL 33440 | Mailing Address 5500 FLAGHOLE ROAD CLEWISTON, FL 33440 |
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04162006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0310289 | Applied For Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent HILLIARD, JOE M FLAGHOLE RD CLEWISTON, FL 33440 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | PD HILLIARD, JOE MARLIN 5500 FLAGHOLE ROAD CLEWISTON, FL 33440 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SPRY, JAMES P. 5500 FLAGHOLE ROAD CLEWISTON, FL 33440 |
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05/11/06-80065-011 150.00

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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: Joe M. Hilliard 4/21/06 863-993-5114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOE M. HILLIARD