

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000100664

**Entity Name:** ASTIN HARVESTING, INC.

**Current Principal Place of Business:**

107 HOLLOWAY RD.  
PLANT CITY, FL 33567

**Current Mailing Address:**

POST OFFICE BOX 3837  
PLANT CITY, FL 33563-3837

**FEI Number:** 47-2580852

**Certificate of Status Desired:** No

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

GRANGER, DOUGLAS W  
201 DORT STREET  
SUITE A  
PLANT CITY, FL 33563 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

**Officer/Director Detail :**

Title PD  
Name ASTIN, SAM H III  
Address POST OFFICE BOX 3837  
City-State-Zip: PLANT CITY FL 33563-3837

Title VSD  
Name ASTIN, BUFFY  
Address POST OFFICE BOX 3837  
City-State-Zip: PLANT CITY FL 33563-3837

Title TD  
Name GRANGER, DOUGLAS W  
Address POST OFFICE BOX 3837  
City-State-Zip: PLANT CITY FL 33563-3837

*I hereby 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 all other like empowered.*

**SIGNATURE:** SAM ASTIN III

**PRESIDENT**

**02/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date