
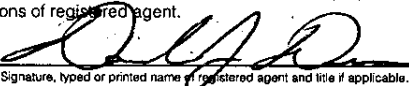
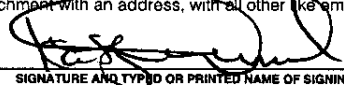


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90295 034 ***158.75

DOCUMENT # 521990			
1. Entity Name EAGLE LAKE HARVESTING CORPORATION			
Principal Place of Business HIGHWAY 80, WEST P.O. BOX 459 LABELLE, FL 33935		Mailing Address PO BOX 5609 ATTN: KATHY MCDANIEL LABELLE, FL 33880 US	
2. Principal Place of Business		3. Mailing Address PO Box 725	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn::Kathy McDaniel	
City & State		City & State Windermere, Fl	
33975		Country	
Country		Zip 34786-0725	
Country		Country Orange	
4. FEI Number 59-1750706		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KEMPER, WE 3655 SR 80 W ALVA, FL 33920		Name Devers, Daniel J Street Address (P.O. Box Number is Not Acceptable) 2520 Sand Mine Road City Davenport, Fl	
		FL Zip Code 33897	
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 		Daniel J. Devers DATE 4/16/04	
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, 2004 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	DS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, KATHY	NAME	
STREET ADDRESS	PO BOX 5406	STREET ADDRESS	PO Box 725
CITY-ST-ZIP	WINTER HAVEN, FL 338800406	CITY-ST-ZIP	Windermere, Fl 34786-0725
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, KEITH	NAME	
STREET ADDRESS	3655 SR 80 W	STREET ADDRESS	
CITY-ST-ZIP	ALVA, FL 33920	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMPER, WE	NAME	Devers, Daniel J
STREET ADDRESS	3655 SR 80 WEST	STREET ADDRESS	2520 Sand Mine Road
CITY-ST-ZIP	ALVA, FL	CITY-ST-ZIP	Davenport, Fl 33897
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, HAROLD R	NAME	
STREET ADDRESS	3655 SR 80 W	STREET ADDRESS	
CITY-ST-ZIP	ALVA, FL 33920	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Kathy McDaniel, Director 4/16/04 (407)909-0540 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			