


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90108 024 ***158.75

DOCUMENT # 521990

1. Entity Name
EAGLE LAKE HARVESTING CORPORATION



Principal Place of Business
**PO BOX 459
 LABELLE, FL 33975**

Mailing Address
**P.O. BOX 725
 ATTN: KATHY MCDANIEL
 WINDERMERE, FL 34786-0725 US**

00013777



2. Principal Place of Business
2520 Sand Mine Road

3. Mailing Address
 Suite, Apt. #, etc.

03312006 Chg-P CR2E034 (11/05)

City & State
Davenport, FL

City & State

Zip
33897

Country
USA

4. FEI Number
59-1750706

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**FLOYD, THOMAS C
 2520 SAND MINE RD.
 DAVENPORT, FL 33897**

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

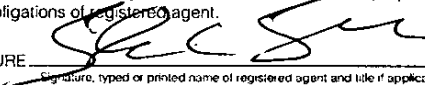
7. Name and Address of New Registered Agent

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  **Thomas C. Floyd, Agent** DATE **4-3-06**

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, 2006 Fee will be \$550.00

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

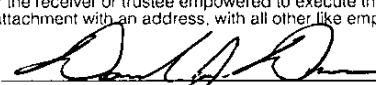
10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	MCDANIEL, KATHY	
STREET ADDRESS	P.O. BOX 725	
CITY-ST-ZIP	WINDERMERE, FL 347860725	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HALL, KEITH	
STREET ADDRESS	3655 SR 80 W	
CITY-ST-ZIP	ALVA, FL 33920	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEVERS, DANIEL J	
STREET ADDRESS	2520 SAND MINE RD.	
CITY-ST-ZIP	DAVENPORT, FL 33897	
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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cloughley, James E	
STREET ADDRESS	3655 SR 80 West	
CITY-ST-ZIP	Alva, FL 33920	
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		
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 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:  **Daniel J. Devers, President** DATE **4/3/06** DAYTIME PHONE # **(863)420-6699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR