2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 08:00 A Secretary of State

ANNOAL REPORT								
DOCUMENT # 410657 1. Entity Name HARN RO SYSTEMS, INC.								
Principal Place of Business	Mailing Address							
205 SEABOARD AVE S	PO BOX 879							
VENICE, FL 34292 US	NOKOMIS, FL 34274-0879 US							

Principal Place 205 SEABOA VENICE, FL 3	RD AVE S	Mailing Address PO BOX 879 NOKOMIS, FL 34274-0879 US				1)		
	3,6,							
DO NOT WRITE IN THIS SPACE		~E	01162007 No Chg-P		CR2E034 (11/05)			
				ber 45236		Applied For Not Applicable		
			4	5. Certificate	of Status Desired	□ \$8.75 Fee Re	5 Additional equired	
	6. Name and Address of Current Re	jistered Agent	٦.	***			· 特殊 。	
HARN, JAMES A. 205 SEABOARD AVE S VENICE, FL 34292			DO NOT WRITE 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_	Signature, typed or printed name of registered agent and t	ttle if applicable (NOTE: Registered	d Agent signature require	d when reinstating)		DATE		
	E NOWIII FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		.00 May Be ded to Fees				
10.	OFFICERS AND DIF	RECTORS		生物,				
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	HARN, JAMES A. 105 A LOUELLA LANE NOKOMIS, FL					069SS99		
NAME STREET ADDRESS CITY-ST-ZIP	S MYERS, KRISTINE J. 11044 KIMBERLY AVE ENGLEWOOD, FL 34224				· U4/1 r.ur	-80066-016	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEMETH-HARN, JULIA E 105A LOUELLA LANE NOKOMIS, FL 34275			. 4.	NOT W			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE		
TITLE NAME STREET AODRESS CITY-ST-ZIP			Programme and the second					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			A Committee of the		South Committee		

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:

BIONATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

1/2/07 941-488-967