2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 658211

1. Entity Name
HAROLD M. GORDON & SON, INC.

Principal Place of Business	Mailing Address
501 ROSELAND DRIVE	501 ROSELAND DRIVE
WEST PALM BEACH, FL 33405	WEST PALM BEACH, FL 33405

DO NOT WRITE IN THIS SPACE

03222006   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-2052683

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONCHICK, MICHAEL
1501 OLD OKEECHOBEE RD
WEST PALM BEACH, FL 33401

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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 title if applicable.   (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

U000000486182
04/13/06-80027-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GORDON, JAMES S
STREET ADDRESS	501 ROSELAND DRIVE
CITY-ST-ZIP	W PALM BCH, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ James S Gordon · 3/26/06   561-832-3?

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #