

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000101151

**Entity Name:** HARPER'S COVE, INC.

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1930 HARBORTOWN DR  
FT PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

1930 HARBORTOWN DR  
FT PIERCE, FL 34946

**New Mailing Address:**

**FEI Number:** 65-1552140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAPLE, ROBERT  
1930 HARBORTOWN DR  
FT PIERCE, FL 34946 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MAPLE, ROBERT  
Address: 1930 HARBORTOWN DR  
City-St-Zip: FT PIERCE, FL 34946

Title: DVS  
Name: MATTHEWS, CRAIG  
Address: 1930 HARBORTOWN DR  
City-St-Zip: FT PIERCE, FL 34946

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: CRAIG MATTHEWS

DVS

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date