


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90071 029 \*\*\*150.00

|                                     |  |   |
|-------------------------------------|--|---|
| <b>DOCUMENT # 204779</b>            |  |  |
| 1. Entity Name<br>HARPER BROS. INC. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>14341 ALICO RD.<br>FORT MYERS, FL 33913 | Mailing Address<br>PO BOX 4667<br>JACKSONVILLE, FL 32201 |
|--|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

40062396



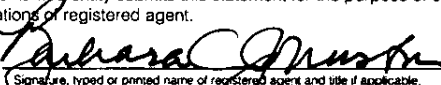
02212007 Chg-P CR2E034 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-0808646 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                   |  |
| FRICK, DENNIS D<br>155 EAST 21ST STREET<br>JACKSONVILLE, FL 32206 |  |

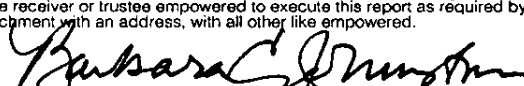
|  |                                |
|--|--------------------------------|
| 7. Name and Address of New Registered Agent        |                                |
| Name   | Barbara C. Johnston, Esquire   |
| Street Address (P.O. Box Number is Not Acceptable) |                                |
| 155 E. 21st Street                                 |                                |
| City   | Jacksonville FL Zip Code 32206 |

|   |                |
|---|----------------|
| 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    | DATE 4/11/2007 |
| (NOTE: Registered Agent signature required when reinstating)  |                |

|   |   |
|---|---|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete            |
| D<br>BONEY, ROLAND<br>155 EAST 21ST STREET<br>JACKSONVILLE, FL 32206         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete            |
| PD<br>BAKER, THOMPSON S II<br>155 EAST 21ST STREET<br>JACKSONVILLE, FL 32206 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete            |
| AS<br>PATZKE, WALLACE A JR.<br>155 E. 21ST STREET<br>JACKSONVILLE, FL 32206  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input checked="" type="checkbox"/> Delete |
| S<br>FRICK, DENNIS D<br>155 EAST 21ST STREET<br>JACKSONVILLE, FL 32206       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete            |
| DV<br>MCCALEB, SCOTT J<br>155 EAST 21ST STREET<br>JACKSONVILLE, FL 32206     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Delete            |
| T<br>MILTON, JOHN D JR<br>155 E. 21ST STREET<br>JACKSONVILLE, FL 32206       |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                            |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| Secretary<br>Barbara C. Johnston<br>155 E. 21st Street<br>Jacksonville, FL 32206 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |

|  |   |
|--|---|
| 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:    | DATE 4/11/2007 DAYTIME PHONE (904) 355-1781 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |

Barbara C. Johnston, Secretary