


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 270351 1. Entity Name HARMSCO INC.	
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Principal Place of Business 7169 49TH TERR N W. PALM BCH., FL 33407 US	Mailing Address P. O BOX 14066 N PALM BCH, FL 33408 US
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07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1087463	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARMS, HAROLD H 7169 49TH TERRACE N. WEST PALM BEACH, FL 33407

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000769100

07/16/07-80014-003 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARMS, LAURA K 705 WATERWAY DR NORTH PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D HARMS, HAROLD H 12067 EDGEWATER DR PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARMS, DOROTHEA 12067 EDGEWATER DR. PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VESPERMAN, CARL A 1127 SEMINOLE EAST #10B JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TANCIG, RICHARD P 12515-153RD COURT NO. JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: C. Vesperman C. VESPERMAN 7-11-07 561-818-9628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #