

**2007 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 270837

1. Entity Name
HARVEY'S INDIAN RIVER GROVES, INC.



Principal Place of Business

3700 S US HWY #1
ROCKLEDGE, FL 32955

Mailing Address

P O BOX 560700
ROCKLEDGE, FL 32956-7700

DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1055591

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARVEY, JAMES B
3700 SOUTH U.S. HIGHWAY #1
ROCKLEDGE, FL 32955

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARVEY, LARRY M
STREET ADDRESS 1421 ROCKLEDGE DR
CITY-ST-ZIP ROCKLEDGE, FL

TITLE VPD
NAME HARVEY, JAMES B
STREET ADDRESS 6335 CAPSTAN
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE
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CITY-ST-ZIP

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U00000884255
04/06/07-80025-011 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #