


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90026 008 ***150.00

DOCUMENT # 277510	
1. Entity Name H. S. HARVEY, INC.	

Principal Place of Business 3769 E TAMiami TR PT CHARLOTTE FL 33952	Mailing Address 3769 E TAMiami TR PT CHARLOTTE FL 33952
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2. Principal Place of Business 3057 TAMiami TRL Suite, Apt. #, etc. SUITE D City & State PORT CHARLOTTE FL Zip 33952 Country USA	3. Mailing Address 3057 TAMiami TRL Suite, Apt. #, etc. SUITE D City & State PORT CHARLOTTE FL Zip 33952 Country USA
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MOORE CR2E034 (11/03)

4. FEI Number 59-1030322	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THORP, ROBERT H 3769 E. TAMiami TR PORT CHARLOTTE FL 33952	
7. Name and Address of New Registered Agent Name: ROBERT H. THORP Street Address (P.O. Box Number is Not Acceptable) 3057 TAMiami TRL SUITE D City: PORT CHARLOTTE FL Zip Code: 33952	

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: Robert H. Thorp, Pres. DATE: 2-20-04

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORP, ROBERT H 3769 E TAMiami TR PORT CHARLOTTE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ROBERT H THORP 3057 TAMiami TRL - D PORT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THORP, BRENDA C 3769E TAMiami TR PORT CHARLOTTE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BRENDA C THORP 3057 TAMiami TRL - D PORT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JUNE, ROBERT 3310 LOVELAND BLVD. PORT CHARLOTTE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ROBERT JUNE 3310 LOVELAND BLVD PORT CHARLOTTE FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: Robert H. Thorp DATE: 2-20-04 941-6257450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR