

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 277510

1. Entity Name
H. S. HARVEY, INC.



Principal Place of Business
3057 TAMiami TrL STE D,
PT CHARLOTTE, FL 33952

Mailing Address
3057 TAMiami TrL STE D,
PT CHARLOTTE, FL 33952



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE# Number
59-1030322

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THORP, ROBERT H
3057 TAMiami TrL STE D,
PORT CHARLOTTE, FL 33952

**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 as applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 THORP, ROBERT H
STREET ADDRESS 3057 TAMiami TrL STE D,
CITY - ST - ZIP PORT CHARLOTTE, FL 33952

TITLE VD
NAME THORP, BRENDA C
STREET ADDRESS 3057 TAMiami TrL STE D,
CITY - ST - ZIP PORT CHARLOTTE, FL 33952

TITLE STD
NAME JUNE, ROBERT
STREET ADDRESS 3057 TAMiami TrL STE D,
CITY - ST - ZIP PORT CHARLOTTE, FL 33952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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03/25/05-80029-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-05 941 625-7450
Date Daytime Phone #