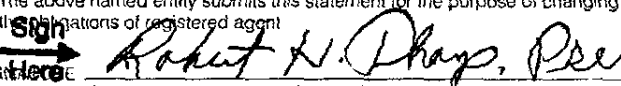


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1030322	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applied	
6. Name and Address of Current Registered Agent THORP, ROBERT H 3057 TAMiami TrL STE D. PORT CHARLOTTE FL 33952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 acknowledge the obligations of registered agent Signature  Signature, typed or printed name of registered agent and title if applicable Robert H. Thorp, Pres (NOTE: Registered Agent signature required when re-registering) 3-9-06 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 Mo. Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THORP, ROBERT H 3057 TAMiami TrL STE D. PORT CHARLOTTE FL 33952	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THORP, BRENDA C 3057 TAMiami TrL STE D. PORT CHARLOTTE FL 33952	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JUNE, ROBERT 3057 TAMiami TrL STE D. PORT CHARLOTTE FL 33952	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 on an attachment with an address, with all other like empowered.			SIGNATURE: Brenda C Thorp Brenda C Thorp vp3/10/06 941-625-745		