

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

**FILED**

**Feb 25, 2008 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1030322**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THORP, ROBERT H  
3057 TAMIAMI TRL STE D.  
PORT CHARLOTTE FL 33952**

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 accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent is to be filed.

NOTE: Registered Agent signature required when changing.

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PD                      | <input type="checkbox"/> Delete |
| NAME           | THORP, ROBERT H         |                                 |
| STREET ADDRESS | 3057 TAMIAMI TRL STE D. |                                 |
| CITY-STATE-ZIP | PORT CHARLOTTE FL 33952 |                                 |
| TITLE          | VD                      | <input type="checkbox"/> Delete |
| NAME           | THORP, BRENDA C         |                                 |
| STREET ADDRESS | 3057 TAMIAMI TRL STE D. |                                 |
| CITY-STATE-ZIP | PORT CHARLOTTE FL 33952 |                                 |
| TITLE          | STD                     | <input type="checkbox"/> Delete |
| NAME           | JUNE, ROBERT            |                                 |
| STREET ADDRESS | 3057 TAMIAMI TRL STE D. |                                 |
| CITY-STATE-ZIP | PORT CHARLOTTE FL 33952 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-STATE-ZIP |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-STATE-ZIP |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-STATE-ZIP |                         |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |

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03/04/08-80052-015 150.00

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert H. Thorp* **Robert H. THORP** 2/20/08 941-625-7450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR