

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 303173

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: THE HARBESON AGENCY, INC.

**Current Principal Place of Business:**

29 A MIRACLE STRIP PKWY., S.W.  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

29 A MIRACLE STRIP PKWY., S.W.  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

FEI Number: 59-1173668      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HARBESON, W.B. III  
889 E. MIRACLE STRIP  
MARY ESTHER, FL 32569 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARBESON, W.B. III  
Address: 889 E. MIRACLE STRIP  
City-St-Zip: MARY ESTHER, FL

Title: S ( ) Delete  
Name: HARBESON, NICOLA C  
Address: 889 E. MIRACLE STRIP  
City-St-Zip: MARY ESTHER, FL

Title: T ( ) Delete  
Name: ROBERTS, NICOLA H  
Address: 580 MOONEY ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: PAPPAS, CARMELLA H  
Address: 287 BRIARWOOD COURT  
City-St-Zip: FORT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W B HARBESON III

P

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date