


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 474271</b> 1. Entity Name J.M. HARPER & ASSOCIATES, INC.	
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Principal Place of Business 2503 ROGERO ROAD JACKSONVILLE, FL 32211	Mailing Address 2503 ROGERO ROAD JACKSONVILLE, FL 32211
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01032007 No Chg-P CR2E034 (11/05)

4. FET Number 59-1590748	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HARPER, JAMES M.  
2503 ROGERO ROAD  
JACKSONVILLE, FL 32211

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARPER, JULIA S. 12354 FT. CAROLINE RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT HARPER, JAMES M 12354 FT CAROLINE RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/31/07-80013-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*James M. Harper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07 (904) 743-5300  
Date Daytime Phone #