

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 506043

Entity Name
HARP PROPERTIES, INC.



Principal Place of Business
**4987 WINDSOR PARK
SARASOTA, FL 34235 US**

Mailing Address
**4987 WINDSOR PARK
SARASOTA, FL 34235 US**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2826300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARP, III, LEMUEL
4987 WINDSOR PARK
SARASOTA, FL 34235**

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IN THIS SPACE**

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 and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

DATE
01/30/06-80058-005 150.00

OFFICERS AND DIRECTORS

PD
**SHARP, LEMUEL III
4987 WINDSOR PARK
SARASOTA, FL 34235**

DVP
**NIKITA, MARIAN
755 S. PALM APT. 504
SARASOTA, FL 34236**

NAME
ST-ZIP

NAME
ST-ZIP

NAME
ST-ZIP

NAME
ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 disclosed 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06

Date

Daytime Phone

**941-758-6441
x261**