2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 517336

1. Entity Name
HARLAND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
8371 WATERFORD CIR TAMARAC, FL 33321-122 US	8371 WATERFORD CIR TAMARAC, FL 33321-122 US

01232008 No Chg-P CR3E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1699873
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GODEL, ELLIOT
8371 WATERFORD CIR
TAMARAC, FL 33321

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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 _____ DATE
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GODEL, ELLIOT
STREET ADDRESS	8371 WATERFORD CIR
CITY-ST-ZIP	TAMARAC, FL
TITLE	SD
NAME	GODEL, MARILYN
STREET ADDRESS	8371 WATERFORD CIR
CITY-ST-ZIP	TAMARAC, FL
TITLE	VD
NAME	REINHART, GEORGE
STREET ADDRESS	8371 WATERFORD CIR
CITY-ST-ZIP	TAMARAC, FL
TITLE	TD
NAME	REINHART, GLORIA
STREET ADDRESS	8371 WATERFORD CIR
CITY-ST-ZIP	TAMARAC, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/08-80040-013:150.00
U00000816205
02/08/08-80011-023:61.25

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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: Elliot Godel Elliot Godel 1/24/08 954-960-1447
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #