


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90042 044 ***150.00

DOCUMENT # 548974	
1. Entity Name THE HARMAN BROTHERS, INC.	

Principal Place of Business 12354 44TH ST. NORTH CLEARWATER FL 33762	Mailing Address 12354 44TH ST. NORTH CLEARWATER FL 33762
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2. Principal Place of Business - No P.O. Box # 15496 Bedford Circle East	3. Mailing Address 15496 Bedford Cir. E.
Suite, Apt. #, etc. Clearwater, FL	Suite, Apt. #, etc. Clearwater, FL
City & State Clearwater, FL	City & State Clearwater, FL
Zip 33764	Country Pinellas

1st MOORE CR2E034 (10/06)

4. FEI Number 59-1773852	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARMAN, JOHN C. 15496 BEDFORD CIRCLE E. CLEARWATER FL 33764	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE **1-26-07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P HARMAN, SHERMAN H. 1979 E. SKYLINE DRIVE CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D HARMAN, JOHN C. 15496 BEDFORD CIRCLE E CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John C. Harman **1-26-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #