

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 15496 BEDFORD CR. EAST CLEARWATER FL 33764	Mailing Address 15496 BEDFORD CR. EAST CLEARWATER FL 33764
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-1773852	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$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
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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 submitting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	☐ Delete HARMAN, SHERMAN H. 1979 E. SKYLINE DRIVE CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete HARMAN, JOHN C. 15496 BEDFORD CIRCLE E CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete TS HARMAN, JOHN C. 15496 BEDFORD CIRCLE E CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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02/15/08-80032-010 150.00

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 John C. HARMAN 2-4-08 727-5365603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized Image #