2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 577749

Entity Name
 HARKINS REALTY, INC.



Principal Place of Business

3525 W LAKE MARY BLVD

STE 306

LAKE MARY, FL 32746 US

Mailing Address

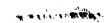
3525 W LAKE MARY BLVD

STE 306

LAKE MARY, FL 32746 US

FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90452 035 ***150.00





04192004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1837086

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARKINS, C. WILLIAM 3525 W LAKE MARY BLVD STE 306 LAKE MARY, FL 32746

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ø.	rne apove	named entity submits this statement for the purpose of changir	rigitis registered office of registered agent, of both, in the State of Florida	. i am ramiliar with, and accept
	the obligat	ions of register agent.		
SIG	NATURE_			
		Signature, typedioc printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE 10Will FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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10.	OFFICERS AND DIRECTORS
TITLE	PVD
NAME	HARKINS, Ç:WILLIAM
STREET ADDRESS	3525 W LAKE MARY BLVD STE 306
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	Т 🧏 📜
NAME	HARKINS, C:WILLIAM
STREET ADDRESS	3525 W LAKE MARY BLVD STE 306
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	S
NAME	HARKINS, SUSAN L.
STREET ADDRESS	280 NEW GATE LOOP
CITY-ST-ZIP	HEATHROW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Daytene Phone #