

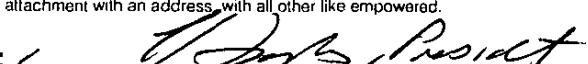


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 577749 1. Entry 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	
DO NOT WRITE IN THIS SPACE			
		03052007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1837086	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000671233 03/28/07-80021-012 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD HARKINS, C. WILLIAM 3525 W LAKE MARY BLVD STE 306 LAKE MARY, FL 32746		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARKINS, C. WILLIAM 3525 W LAKE MARY BLVD STE 306 LAKE MARY, FL 32746		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HARKINS, SUSAN L. 280 NEW GATE LOOP HEATHROW, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		3/14/07	407-323-9310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #