2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 675694

1. Entity Name
JOSEPH W. HARPER & ASSOCIATES., INC.

Principal Place of Business	Mailing Address
7780 SW 117 AVE #201 MIAMI, FL 33183	PO BOX 0548 MIAMI, FL 33144

03142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2003806	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARPER, JOSEPH W.
7780 SW 117 AVE
#201
MIAMI, FL 33183

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	HARPER, JOSEPH W
STREET ADDRESS	7780 SW 117 AVE. #201
CITY-ST-ZIP	MIAMI, FL 33183

U00000303438
04/14/05-80003-011 150.00

DO NOT WRITE
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TITLE	
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CITY-ST-ZIP	

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: _Joseph W. Harper_   Joseph W. Harper   04-11-05   305 238 7576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #