



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000002539	
1. Entity Name HARLAN LAWS CORPORATION	

Principal Place of Business P.O. DRAWER 15070 DURHAM, NC 27704	Mailing Address P.O. DRAWER 15070 DURHAM, NC 27704
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**DO NOT WRITE IN THIS SPACE**

	
03072005 No Chg-P	CR2E034 (10/03)
4. FEI Number 56-0794771	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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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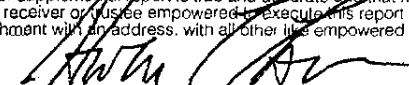
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PCD LAWS, STEVEN L 304 MULDEE STREET DURHAM, NC 27703
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03/21/05-80002-009 150.00

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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:  Pres. 3/19/05 (919) 596-2124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR