*2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000005298

1. Entity Name
RAYMOND V. HARKO CORP.

Principal Place of Business	Mailing Address
122 ACOSTA CREEK DR SATSUMA, FL 32189	PO BOX 739 WELAKA, FL 32193

DO NOT WRITE IN THIS SPACE

02072007   No Chg-P   CR2E034 (11/05)

4. FEI Number 34-1810066	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

HARKO, RAYMOND V
122 ACOSTA CREEK DR
SATSUMA, FL 32189

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 _____   4/3/07

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, 2007 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	HARKO, RAYMOND V
STREET ADDRESS	122 ACOSTA CREEK DR
CITY-ST-ZIP	SATSUMA, FL 32189
TITLE	ST
NAME	LEVI, JOE
STREET ADDRESS	21698 SEDGFIELD OVAL
CITY-ST-ZIP	SOLON, OH 44139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000753381
05/22/07-80017-018 150.00

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: _____   4/3/07   386-467-7157

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