


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90043 028 ***150.00

DOCUMENT # F96000005744 1. Entity Name AL HARRING ASSOCIATES, INCORPORATED					
Principal Place of Business AL HARRING ASSOCIATES, INC #105 4195 S. TAMiami TRAIL VENICE, FL 34293			Mailing Address AL HARRING ASSOCIATES, INC #105 4195 S. TAMiami TRAIL VENICE, FL 34293		
2. Principal Place of Business 1141 DEARDON DR Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State VENICE, FL			City & State 		
Zip 34292		Country SARASOTA		Zip Country	
6. Name and Address of Current Registered Agent HARRING, AL 4195 S. TAMiami TRAIL P.M.B. #105 VENICE, FL 34292			7. Name and Address of New Registered Agent Name HARRING, AL Street Address (P.O. Box Number is Not Acceptable) 1141 DEARDON DR City VENICE FL 34292		
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 <i>Albert L. Harring</i> FEBRUARY 12th, 2004 <small>Signature, typed or printed name of registered agent and fee, applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PC NAME HARRING, AL STREET ADDRESS 4195 S. TAMiami TRAIL P.M.B. #105 CITY-ST-ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PC NAME HARRING, AL STREET ADDRESS 1141 DEARDON DR CITY-ST-ZIP VENICE FL 34292		
TITLE VVC NAME HARRING, JANE STREET ADDRESS 4195 S. TAMiami TRAIL P.M.B. #105 CITY-ST-ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VVC NAME HARRING, JANE STREET ADDRESS 1141 DEARDON DR CITY-ST-ZIP VENICE FL 34292		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Albert L. Harring</i> ALBERT L. HARRING 2-12-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

94016273



02082004 Chg-P CR2E034 (10/03)

4. FEI Number
52-1133085
Applied For
Not Applicable

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