

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90270 008 ***150.00

DOCUMENT # F98000004376 1. Entity Name HARPSTRINGS, INC.					
Principal Place of Business 7316 COOK LANE COCOA, FL 32927			Mailing Address 7316 COOK LANE COCOA, FL 32927		
2. Principal Place of Business 7316 COOK LANE Suite, Apt. #, etc.			3. Mailing Address 7316 COOK LANE Suite, Apt. #, etc.		
City & State WINTER PARK FL Zip 32792			City & State WINTER PARK FL Zip 32792		
Country USA			Country USA		
4. FEI Number 36-4157591				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAY, CATHERINE B 7316 COOK LANE WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Catherine B. Way, PRESIDENT</u> CATHERINE B. WAY 4/19/04 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST WAY, CATHERINE B 7306 COOK LANE WINTER PARK, FL 32792 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7316 COOK LANE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAY, CATHERINE B 7316 COOK LANE WINTER PARK, FL 32792 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 other like empowered.					
SIGNATURE: Catherine B. Way CATHERINE B. WAY 4/19/04 407295-1082 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					