


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90046 032 \*\*\*150.00

<b>DOCUMENT # F98000004376</b> 1. Entity Name <b>HARPSTRINGS, INC.</b>																																																																																																																																			
Principal Place of Business <b>3417 HAMLET LOOP</b> <b>WINTER PARK, FL 32792 US</b>			Mailing Address <b>3417 HAMLET LOOP</b> <b>WINTER PARK, FL 32792 US</b>																																																																																																																																
2. Principal Place of Business - No P.O. Box # <b>3417 HAMLET LOOP</b>		3. Mailing Address <b>3417 HAMLET LOOP</b>																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State <b>WINTER PARK FL</b>		City & State <b>WINTER PARK FL</b>		4. FEI Number <b>36-4157591</b>																																																																																																																															
Zip <b>32792</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
6. Name and Address of Current Registered Agent  <b>WAY, CATHERINE B</b> <b>7316 COOK LANE</b> <b>WINTER PARK, FL 32792</b>				7. Name and Address of New Registered Agent Name <b>WAY, CATHERINE B</b> Street Address (P.O. Box Number is Not Acceptable) <b>3417 HAMLET LOOP</b> City <b>WINTER PARK FL</b> Zip Code <b>32792</b>																																																																																																																															
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>Catherine B. Way</i> <b>CATHERINE B. WAY</b> DATE <b>4/15/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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: <i>Catherine B. Way</i> <b>CATHERINE B. WAY</b> DATE <b>4/15/08</b> DAYTIME PHONE # <b>407 672-1139</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			