

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90007 019 ***150.00

DOCUMENT # G38722

1. Entity Name

MEXICO BEACH HARMON REALTY, INC.



Principal Place of Business

1402 HWY 98
MEXICO BCH, FL 32410 US

Mailing Address

P.O BOX 13473
MEXICO BEACH, FL 32410

40124082



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2375153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARMON, RYAN L
108 PARADISE COVE BLVD
MEXICO BEACH, FL 32410

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DV
NAME HARMON, SAMUEL L
STREET ADDRESS 1402 HWY. 98 PO BOX 13473
CITY-ST-ZIP MEXICO BEACH, FL 32410

TITLE DP
NAME HARMON, BARBARA G
STREET ADDRESS 1402 HWY 98 PO BOX 13473
CITY-ST-ZIP MEXICO BEACH, FL 32410

TITLE ST
NAME HARMON, SAMUEL L.
STREET ADDRESS 1402 HWY 98 PO BOX 13473
CITY-ST-ZIP MEXICO BEACH, FL 32410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-07 850-648-5767

Mexico Beach



07/06/07

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 2007 FOR PROFIT ANNUAL REPORT
DOCUMENT # F32323
HARMON'S HEAVY EQUIPMENT COMPANY

Re: 2007 FOR PROFIT ANNUAL REPORT
DOCUMENT # G38722
MEXICO BEACH HARMON REALTY, INC.

Dear Sir:

On 07/02/07 we received your NOTICE OF INTENT TO DISOLVE postcards for each of our above described business entities. We immediately called 1-850-245-6056 and spoke to Tina Carter to say that we had mailed both payments (check #10007 dated 04/23/07 and check #6123 dated 04/24/07 both in the amount of \$150.00 both payable to Florida Department of State) via U.S. Postal Service Certified / Return Receipt April 24, 2007. She checked both DOCUMENT NUMBERS in your system and to date, neither check nor forms were received.

Per Tina Carter's instruction...

.....We called the post office and gave them the U.S. Postal Service CERTIFIED MAIL RECEIPT tracking number 7003 3110 0000 1984 3578 which they are researching as to why our envelope was not received by you.

.....Enclosed are the copies of the U. S. Postal forms we completed on 04/24/07. PLEASE NOTICE THE COPY OF THE U.S. POSTAL SERVICE CERTIFIED MAIL RECEIPT THE POST OFFICE POSTMARKED APRIL 24, 2007 MEXICO BEACH FL 32410 USPS WHEN WE MAILED THE ENVELOPE ON 04/24/07.

.....Enclosed are 2 new reports we downloaded from your www.sunbiz.org web-site that are signed by Barbara G. Harmon, President.

.....Enclosed are two additional checks for each of the 2 filings.

.....We are paying additional monies to send this 2nd envelope via Federal Express – Fed-Ex Letter Delivery Next Business Day.

.....Please accept this letter as our request to waive all penalties against our two business entities due to our good faith effort on 04/24/07 to pay additional postage for U.S. Postal Service Mail Certified / Return Receipt to mail the FIRST envelope with our 2 annual forms and 2 checks to you to be received by you before the due date of 05/01/07. And also due to our prompt response to your 2 postcards NOTICE OF INTENT TO DISSOLVE we received that we are paying additional monies again to send 2 new forms and 2 new checks via Federal Express Fed-Ex Letter Next Business Day Delivery.

We HAVE NOT STOPPED PAYMENT ON THE ORIGINAL 2 CHECKS SENT. Please return to us any fee overpayment checks you may receive for our 2 business entities.

Sincerely,

Barbara Harmon
Owner / Broker

Attachment

ATTACHMENT

40124082

638722

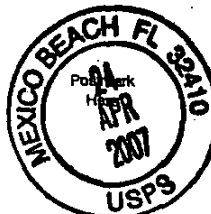
7003 3110 0000 1984 3578

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 63
Certified Fee	240
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 488



Sent To: **Division of Corporations**
 Street, Apt. No. or PO Box No.: **PO Box 6198**
 City, State, ZIP+4: **Tallahassee FL 32314**

PS Form 3800, June 2002

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7003 3110 0000 1984 3578
 7003 3110 0000 1984 3578

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To: **Division of Corporations**
 Street, Apt. No. or PO Box No.: **PO Box 6198**
 City, State, ZIP+4: **Tallahassee FL 32314**

PS Form 3800, June 2002

See Reverse for Instructions

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is not available for any class of International mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

PS Form 3800, June 2002 (Reverse)

ATTACHMENT

40124082
638722

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DIVISION OF Corporations
PO. Box 6198
Tallahassee, FL
32314

2. Article Number
(Transfer from service label)

7003 3110 0000 1984 3578

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Barbara Harmon
P.O. Box 12473
Mexico Beach, FL
32410