
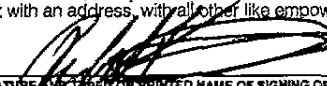


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # J34055 1. Entity Name HARPER REALTY AND DEVELOPMENT COMPANY, INC.		
Principal Place of Business % ROBERT F. HARPER III 1420 SOUTH FLORIDA AVENUE LAKELAND, FL 33803		Mailing Address PO BOX 2627 1420 SOUTH FLORIDA AVENUE LAKELAND, FL 33806-2627 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARPER, ROBERT F II 1420 S FLORIDA AVE. LAKELAND, FL 33803		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		400000402917 02/03/06-80028-009 150.00
TITLE	DVP	
NAME	HARPER, PAUL S	
STREET ADDRESS	5299 STONE OAKS DR.	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE	P	
NAME	HARPER, ROBERT F III	
STREET ADDRESS	5508 SCOTT LAKE RD.	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		1/20/06 863-687-8020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #