
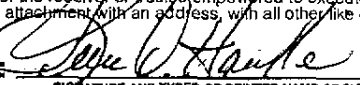
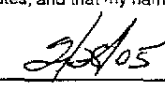


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # J63881 1. Entity Name HARVILLE PROPERTIES, INC.			
Principal Place of Business 901 TABIT ROAD BELLE GLADE, FL 33430		Mailing Address 901 TABIT ROAD BELLE GLADE, FL 33430	
DO NOT WRITE IN THIS SPACE			
		02222005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2787122	
		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARVILLE, MILTON JAY 901 TABIT RD. BELLE GLADE, FL 33430		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	HARVILLE, MILTON JAY		
STREET ADDRESS	901 TABIT ROAD		
CITY-ST-ZIP	BELLE GLADE, FL 33430		
TITLE	ST		
NAME	HARVILLE, TERESA D.		
STREET ADDRESS	901 TABIT ROAD		
CITY-ST-ZIP	BELLE GLADE, FL 33430		
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 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: 		Teresa Harville  561-996-4454	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	