

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J88690

Entity Name
HARVARD NECKWEAR CORPORATION



Principal Place of Business

11870 W. SR 84
SUITE C-6
DAVIE, FL 33325 US

Mailing Address

11870 W. SR 84
SUITE C-6
DAVIE, FL 33325 US

FILED

04 MAY -7 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02092004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0005434

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRUBER, PETER G., ESQ.
9100 S. DADELAND BLVD.
ONE DATRAN CENTER, SUITE 910
MIAMI, FL 33156

**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 \$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

TITLE	D
NAME	LEACE, HENRY
STREET ADDRESS	11400 NW 7 ST.
CITY- ST- ZIP	PLANTATION ACRES, FL
TITLE	P
NAME	LEACE, HENRY
STREET ADDRESS	11400 NW 7 ST.
CITY- ST- ZIP	PLANTATION ACRES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

600038425436
06/29/04--01059--007 **150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #