


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90097 024 ***150.00

DOCUMENT # K10401	
1. Entity Name HARKINS ORGANIZATION, INC.	

Principal Place of Business C/O PATRICK L HARKINS P.O. BOX 196028 WINTER SPRINGS, FL 32719-6028	Mailing Address C/O PATRICK L HARKINS, II P.O. BOX 196028 WINTER SPRINGS, FL 32719-6028
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2. Principal Place of Business 1490 Hidden Springs Cove	3. Mailing Address 1490 Hidden Springs Cove
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Oviedo, FL	City & State Oviedo, FL
Zip 32765	Zip 32765
Country	Country



04042005 Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GOLDSMITH, KAREN 2180 PARK AVENUE NORTH STE 100 WINTER PARK, FL 32789	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE X Change <input type="checkbox"/> Addition	
NAME HARKINS, PATRICK L II		NAME	
STREET ADDRESS 4950 SUMMER CLUB DR., #100		STREET ADDRESS 1490 Hidden Springs Cove	
CITY-ST-ZIP OVIDO, FL 32765		CITY-ST-ZIP Oviedo, FL 32765	
TITLE V	<input type="checkbox"/> Delete	TITLE X Change <input type="checkbox"/> Addition	
NAME HARKINS, KATHLEEN M		NAME	
STREET ADDRESS 1040 HOWELL HARBOR DR.		STREET ADDRESS	
CITY-ST-ZIP CASSELBERRY, FL 32707		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Patrick L. Harkins, II	Date: 4-4-2005	Daytime Phone #: 407-621-3248
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