


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # K56800 1. Entity Name HARKINS INVESTMENT COMPANY	
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Principal Place of Business % HAROLD L. HARKINS, JR. 2803 W BUSCH BLVD #112, P.O. BOX 274121 TAMPA, FL 33688 US	Mailing Address % HAROLD L. HARKINS, JR. 2803 W BUSCH BLVD #112, P.O. BOX 274121 TAMPA, FL 33688 US
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2920184	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

HARKINS, HAROLD L., JR. 2803 BUSCH BLVD W SUITE 112 TAMPA, FL 33618
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**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, 2006 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HARKINS, HAROLD L., JR 2803 W BUSCH BLVD STE 112 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKINS, HAROLD L., JR 21803 W BUSCH BLVD STE 112 TAMPA, FL 33618
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02/16/06-80004-001 150.00

**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: *Harold L. Harkins, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06 813-933-7144
Date Daytime Phone #