

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 16, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # K63372**

1. Entity Name

HARPER & HARPER LAW FIRM, P.A.



Principal Place of Business

325 W PARK AVENUE  
TALLAHASSEE, FL 32301 US

Mailing Address

PO BOX 10132  
TALLAHASSEE, FL 32302-2132



03312006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-2925419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HARPER, ROBERT AUGUSTUS, JR.  
325 WEST PARK AVENUE  
TALLAHASSEE, FL 32301

**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... ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: HARPER, ROBERT A JR  
STREET ADDRESS: 325 W PARK AVENUE  
CITY-ST-ZIP: TALLAHASSEE, FL 32301

TITLE: ST  
NAME: HARPER, AUGUSTUS III  
STREET ADDRESS: 325 W PARK AVENUE  
CITY-ST-ZIP: TALLAHASSEE, FL 32301

TITLE  
NAME  
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CITY-ST-ZIP

U000000567263  
06/16/06-80001-013 \$50.00

**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 another, I am empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #