


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90019 041 \*\*\*150.00

<b>DOCUMENT # L57765</b> 1. Entity Name <b>HAROLD ENTERPRISES, INC.</b>			
Principal Place of Business <b>C/O WILLIAM B. MOSCONI</b> <b>7017 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33710</b>		Mailing Address <b>14049 102ND AVE. N.</b> <b>LARGO, FL 33774</b>	
2. Principal Place of Business <b>14049 102ND AVE N</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>LARGO, FL</b>		City & State	
Zip <b>33774</b>		Country <b>FLORIDA</b>	
4. FEI Number <b>APPLIED FOR 59-3003721</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MOSCONI, WILLIAM B.</b> <b>7017 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33710</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>14049 102ND AVE N</b> City <b>LARGO</b> FL <b>33774</b>	
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: <i>[Signature]</i> DATE: <b>2-3-04</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MOSCONI, WILLIAM B.</b> <b>7017 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14049 102ND AVE N <b>LARGO, FL 33774</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <b>MOSCONI, NOREEN T.</b> <b>7017 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14049 102ND AVE N <b>LARGO, FL 33774</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-3-04-727 593-0675	