2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

Feb 16, 2004 8:00 am DOCUMENT # M09993 **Secretary of State** 1. Entity Name 02-16-2004 90049 046 ***150.00 HAR-LAW REALTY CORP. Principal Place of Business Mailing Address 76 S SEAWALLS PT RD STUART FL 34996 76 S SEAWALLS PT RD STUART FL 34996 PCUCTUFE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-2554415 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BABBIT-T-LARRY---Street Address (P.O. Box Number is Not Acceptable) 76 S. SEWALLS POINT ROAD STUART FL 34996 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Directory BABBITT Lawy BABBITT 76 S. Sewalls PT. Rd. ☐ Delete Change Addition TITLE **†**10 TITLE BABBITT, LARRY NAME NAME 76 S SEAWALLS POINT RD STREET ADDRESS STREET ADDRESS STUART FL 34996 CITY-ST-ZIP CITY-ST-ZIP STUART, FI ST ☐ Delete Addition TITLE Change Change TITLE BALLITY, KaTheRINE NAME BABBITT, KATHERINE NAME 76 S SEAWALLS POINT RD STREET ADDRESS STREET ADDRESS 76 S. Sowall PX, Rd. STUART FL 34996 CITY-ST-ZIP CITY-ST-ZIP HOWARD BALL, TTV. FRes. Delete TITLE TITLE ☐ Change Addition HOWARD BA NAME 2205 James WAY -STREET ADDRESS STREET ADDRESS STatesuille, N.C. 28677 CITY-ST-ZIP CITY-ST-ZIP STATESVIlle, N.C. 28677 TITLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition TITLE ☐ Delete 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

NING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED