

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90084 001 \*\*\*210.00

**DOCUMENT # N94000003802**

**1. Entity Name**  
**HARMBE PROPERTIES AND MANAGEMENT SERVICES, INC.**



**Principal Place of Business**  
2591 W BEAVER ST  
JACKSONVILLE, FL 32254

**Mailing Address**  
P.O. BOX 9216  
JACKSONVILLE, FL 32208

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07092004 Chg-NP CR2E037 (10/03)

**4. FEI Number**  
**59-3252763**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☒

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KINSEY, CARRIE B**  
**12754 MUIRFIELD BLVD N**  
**JACKSONVILLE, FL 32225**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**7. Name and Address of New Registered Agent**

**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**

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** KINSEY, CARRIE  
**STREET ADDRESS** 12754 MUIRFIELD BLVD N  
**CITY-ST-ZIP** JACKSONVILLE, FL 32225

**TITLE** V/D ☐ Delete  
**NAME** HALFORD, NAOMI  
**STREET ADDRESS** 319 W. 17TH STREET  
**CITY-ST-ZIP** JACKSONVILLE, FL 32206

**TITLE** SD ☐ Delete  
**NAME** NELSON, ANTOINETTE  
**STREET ADDRESS** 646 CHERRY PARK DR N  
**CITY-ST-ZIP** JACKSONVILLE, FL 32218

**TITLE** T ☐ Delete  
**NAME** AUSTIN, GREGORY  
**STREET ADDRESS** 12255 ROCHFORD LANE  
**CITY-ST-ZIP** JACKSONVILLE, FL 32225

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR

7/15/04 (904) 387-5475

Date

Daytime Phone #

66430086

