

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

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**



04302006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE SD
NAME NELSON, ANTOINETTE
STREET ADDRESS 646 CHERRY BARK DR N
CITY-ST-ZIP JACKSONVILLE, FL 32218

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000557855
05/17/06-80070-012 70.00

**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 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Antoinette Nelson 4/30/06 (904) 387-5475