

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000026751

1. Entity Name

HARVEST DATA SYSTEMS, INC.



Principal Place of Business

6006 GRAND BLVD., PASCO COUNTY
NEW PORT RICHEY, FL 34652

Mailing Address

6006 GRAND BLVD., PASCO COUNTY
NEW PORT RICHEY, FL 34652



Q1062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3636262

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OVERTURF, RICHARD
6006 GRAND BLVD., PASCO COUNTY
NEW PORT RICHEY, FL 34652

**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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME OVERTURF, RICHARD
STREET ADDRESS 6006 GRAND BLVD., PASCO COUNTY
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE O
NAME OVERTURF, AFTAN
STREET ADDRESS 6006 GRAND BLVD
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

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U00000383702
01/13/06-80012-013 150.00

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2006

Date

727-843-9832

Daytime Phone #