

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06 2006 08:00 AM
Secretary of State

DOCUMENT # P00000028725					
1. Entity Name HARPERS PUB OF FORT PIERCE, INC.					
Principal Place of Business 3239 SO US # 1 FORT PIERCE FL 34982			Mailing Address 3239 SO US # 1 FORT PIERCE FL 34982		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FL Number 65-1004441	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATTHEWS, CRAIG C 2101 N. OLD DIXIE HWY. FT. PIERCE FL 34946			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL 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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May E Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	1000000422398	☐ Change ☐ Addition
NAME	MATTHEWS, CRAIG C		NAME	02/17/06-80014-005	150.00
STREET ADDRESS	2101 N. OLD DIXIE HWY.		STREET ADDRESS		
CITY- ST- ZIP	FT. PIERCE FL 34946		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 exemptions contained in Section 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: _____

2-2-6

772-370-1502