

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90091 006 ***150.00

DOCUMENT # P00000059700

1. Entity Name
HARMON ROAD PROJECT, INC.



Principal Place of Business

**71 E. CHURCH STREET
ORLANDO, FL 32801**

Mailing Address

**71 E. CHURCH STREET
ORLANDO, FL 32801**

50011196



2. Principal Place of Business

232 S. Dilard St

3. Mailing Address

P.O. Box 770609

Suite, Apt. #, etc.

Ste 201

Suite, Apt. #, etc.

01262005

Chg-P

CR2E034 (10/03)

City & State

WINTER GARDEN FL

City & State

WINTER GARDEN FL

4. FEI Number

59-3670353

Applied For

Not Applicable

Zip

34781

Country

Zip

34777

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLSTON, ROBERT W
71 E. CHURCH STREET
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

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

232 S. Dilard St.

Ste. 201

City

WINTER GARDEN

FL

Zip Code

34781

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOLSTON, ROBERT W
71 E. CHURCH STREET
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JUNE, ROHLAND A II
71 E. CHURCH STREET
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.O. BOX 770609
WINTER GARDEN FL 34777** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.O. BOX 770609
WINTER GARDEN FL 34777** ☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE:

Rohland A. June II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05

407-905-8180

Date

Daytime Phone #