

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065734

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: HARVEY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

105 COUNTY ROAD 315 SOUTH  
INTERLACHEN, FL 32148

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1854  
INTERLACHEN, FL 32148

**New Mailing Address:**

FEI Number: 59-3654382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEYSER, TIMOTHY  
501 ATLANTIC AVENUE  
INTERLACHEN, FL 32148 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HARVEY, LAWRENCE  
Address: P.O. BOX 1854  
City-St-Zip: INTERLACHEN, FL 32148

Title: S ( ) Delete  
Name: HARVEY, LYNDA R  
Address: 111 SASSO DRIVE  
City-St-Zip: INTERLACHEN, FL 32148

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE P HARVEY

PD

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date