## **FILED** 2005 FOR PROFIT CORPORATION ANNUAL REPORT Mar 30, 2005 08:00 AM Secretary of State DOCUMENT # P01000008036 1. Entity Name HARLAN CARPENTRY, INC. Principal Place of Business Mailing Address 25379 BUSY BEE DR 25379 BUSY BEE DR BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 03042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3688147 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARLAN, JOSEPH M DO NOT WRITE 25379 BUSY BEE DR BONITA SPRINGS, FL 34135 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HARLAN, JOSEPH M NAME STREET ADDRESS **25379 BUSY BEE DR** CITY-ST-ZIP BONITA SPRINGS, FL 34135 TITLE NAME 19000001280187 STREET ADDRESS 03/30/05-80009-019 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-05 239-992-9481