

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

06 SEP 15 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000008036**

1. Entity Name  
**HARLAN CARPENTRY, INC.**



Principal Place of Business  
**25379 BUSY BEE DR  
BONITA SPRINGS, FL 34135**

Mailing Address  
**25379 BUSY BEE DR  
BONITA SPRINGS, FL 34135**



07012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3688147</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**HARLAN, JOSEPH M  
25379 BUSY BEE DR  
BONITA SPRINGS, FL 34135**

**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 Joseph M. Harlan President 9-5-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**300079940123**  
09/19/06--01016--001 \*\*550.00

**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<b>DO NOT WRITE IN THIS SPACE</b>
NAME <b>HARLAN, JOSEPH M</b>	
STREET ADDRESS <b>25379 BUSY BEE DR</b>	
CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>	

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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: Joseph M. Harlan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-06 259-992-9481  
Date Daytime Phone #

9-15  
2006