

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90085 024 ***150.00

DOCUMENT # P01000042814

1. Entity Name

HARLAN PARR CONSTRUCTION CO INC



Principal Place of Business

2391 URSULA LANE
PENSACOLA FL 32526

Mailing Address

2391 URSULA LANE
PENSACOLA FL 32526

2. Principal Place of Business

2391 Ursula Lane

Suite, Apt. #, etc.

Pensacola FL

City & State

2

Zip

32526

Country

Escambia

3. Mailing Address

2391 Ursula Lane

Suite, Apt. #, etc.

Pensacola Florida

City & State

Zip

32526

Country

Escambia



MOORE

CR2E034 (11/03)

4. FEI Number

42-6922954

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARLAN PARR COAST CO INC
2391 URSULA LANE
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name

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

City

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

HARLAN PARR *Harlan Parr*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-24-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE O ☐ Delete
NAME PARR, HARLAN *HARLAN PARR*
STREET ADDRESS 2391 URSULA LANE
CITY - ST - ZIP GULF BREEZE FL 32566 *Pensacola FL 32526*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY - ST - ZIP

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:

Harlan Parr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-04

Date

950 844 7579

Daytime Phone #