

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000045303

1. Entity Name
MEHARCO, INC.



Principal Place of Business
**6600 N. DAVIS HWY
PENSACOLA, FL 32504**

Mailing Address
**6600 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32504**



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3715789

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEHAFFEY, CHARLES S
2868 WHISPER BAY BLVD
GULFBREEZE, FL 32563**

**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 this 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 reinstating)

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	P MEHAFFEY, CHARLES S 2868 WHISPER BAY BLVD GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, STEPHEN W 4692 RIDGE POINTE DR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEHAFFEY, SUSIE P 2868 WHISPER BAY BLVD GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, AMANDA L 4692 RIDGE POINTE DR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/03/05-80041-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Amanda L Harris **AMANDA L. HARRIS** 1/31/05 850-474-6363