


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90027 020 ***155.00

DOCUMENT # P01000049741	
1. Entity Name THE ELEGANT HARP, INC.	

Principal Place of Business 859 JEFFERY STREET #104 BOCA RATON FL 33487	Mailing Address PO BOX 276335 BOCA RATON FL 33427
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MOORE CR2E034 (11/03)

2. Principal Place of Business <i>110 North C Street</i>	3. Mailing Address <i>P.O. Box 1149</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Lake Worth FL</i>	City & State <i>Lake Worth FL</i>	4. FEI Number 65-1109730	Applied For Not Applicable
Zip <i>33460</i>	Country <i>USA</i>	Zip <i>33460</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent UNDERHAY, ESTHER M 859 JEFFREY STREET #104 BOCA RATON FL 33487	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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. <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNDERHAY, ESTHER M <input type="checkbox"/> Delete PO BOX 276335 BOCA RATON FL 33427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNDERHAY, PAUL K <input type="checkbox"/> Delete PO BOX 276335 BOCA RATON FL 33427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNDERHAY, ANNA LISA <input type="checkbox"/> Delete PO BOX 276335 BOCA RATON FL 33427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>110 North C Street</i> <i>Lake Worth, FL 33460</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>110 North C Street</i> <i>Lake Worth FL 33460</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>110 North C Street</i> <i>Lake Worth FL 33460</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Esther M Underhay* **Esther M. Underhay** *03/11/04* **03/11/04** *561-585-9888* **561-585-9888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #