

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90026 002 ***150.00

DOCUMENT # P01000078320

1. Entity Name
HARVEY'S CABINET SHOP, INC.



Principal Place of Business
**186 PALMER STREET
ST AUGUSTINE, FL 32084**

Mailing Address
**186 PALMER STREET
ST AUGUSTINE, FL 32084**

40022007



DO NOT WRITE IN THIS SPACE

02022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3751143

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARVEY, PAUL M
6601 CROOKED CREEK LANE
SAINT AUGUSTINE, FL 32095**

**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

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARVEY, PAUL M
STREET ADDRESS	6601 CROOKED CREEK LANE
CITY-ST-ZIP	ST AUGUSTINE, FL 32095
TITLE	S
NAME	Paul Harvey
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T
NAME	Harvey, Paul M
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Paul Harvey*