

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000086735

1. Entity Name
HARLEE & BALD, P.A.



Principal Place of Business
**202 OLD MAIN ST
BRADENTON, FL 34205**

Mailing Address
**202 OLD MAIN ST
BRADENTON, FL 34205**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1134996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HOROWITZ, MITCHELL I
501 EAST KENNEDY BLVD SUITE 1700
TAMPA, FL 33602**

**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 _____

**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	DST
NAME	HARLEE, JOHN P II
STREET ADDRESS	202 OLD MAIN ST.
CITY ST ZIP	BRADENTON, FL 34205
TITLE	D/P
NAME	BALD, KIMBERLY A
STREET ADDRESS	202 OLD MAIN ST.
CITY ST ZIP	BRADENTON, FL 34205
TITLE	VP/D
NAME	MOHAMMADBHOY, ADAM
STREET ADDRESS	202 OLD MAIN ST.
CITY ST ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/16/07-80050-006 150.00

**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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

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