2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000086735

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

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

DO NOT WRITE IN THIS SPACE

01102008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1134996	Not Applicable

5. Certificate of Status Desired ☐ **$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

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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_____
Signature, typed or printed name of registered agent to accept the appointment   (DATE: Registered agent's signature required if changing, cannot sign)   Date

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 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	HARLLEE, 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/08-80072-005 150.00

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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: _____ V.P.   01.10.08   941.744.5537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date