

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90001 042 \*\*\*150.00

**DOCUMENT # P01000114004**

1. Entity Name  
**HARVELL'S OF NORTHWEST FLORIDA, INC.**



Principal Place of Business  
**HARVELL'S BREEZE MART  
8123 GULF BREEZE PKWY  
GULF BREEZE, FL 32561**

Mailing Address  
**HARVELL'S BREEZE MART  
8123 GULF BREEZE PKWY  
GULF BREEZE, FL 32561**

**54064459**



07092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3759489</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**WEIMORTS, MICHAEL L ESQ  
WEIMORTS & WHITEHEAD, P.A.  
4507 FURLING LN., STE. 209  
DESTIN, FL 32541**

**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 \$550.00  
Due by September 8, 2004**

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	PSD HARVELL, NICKY 815 FAIRVIEW DR. FORT WALTON BEACH, FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYANT, JOHN 9265 QUAIL ROOST DR. NAVARRE, FL 32566
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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*See attached letter*

**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)(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:**

*Charles B. Hata for Nicky Harvell (Nicky Harvell)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-20-04*  
Date

*850-932-3225*  
Daytime Phone #

Attachment

**HARRY GATES ENTERPRISES, INC.**

534064459

*Accounting, Tax & Business Consulting Services*

HARRY W. GATES, B.A., M.B.A.  
*President*

CHARLES B. (BART) GATES, B.S., M.B.A.  
*Vice President*

July 20, 2004

Florida Department of State  
Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314

Re: PO1000114004

Dear Sirs:

Mr Nicky Harvell did not have internet access on April 29 when he wrote this check. He asked me to download his annual report and mail it for him, so it would be timely filed and paid. Upon doing his payroll quarterly this month, I noticed his check and am writing to you.

Please accept this check and report as filed and paid in a timely manner. His history is very good for paying and filing taxes and reports in a timely manner.

Thank you for your consideration.

Sincerely,

Charles B. Gates, Accountant