

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114004

FILED  
Jul 07, 2005  
Secretary of State

Entity Name: HARVELL'S OF NORTHWEST FLORIDA, INC.

## Current Principal Place of Business:

HARVELL'S BREEZE MART  
8123 GULF BREEZE PKWY  
GULF BREEZE, FL 32561

## New Principal Place of Business:

## Current Mailing Address:

HARVELL'S BREEZE MART  
8123 GULF BREEZE PKWY  
GULF BREEZE, FL 32561

## New Mailing Address:

HARVELL'S BREEZE MART  
815 FAIRVIEW DRIVE  
FT WALTON BEACH, FL 32547

FEI Number: 59-3759489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: HARVELL, NICKY  
Address: 815 FAIRVIEW DR.  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP ( ) Delete  
Name: BRYANT, JOHN  
Address: 9265 QUAIL ROOST DR.  
City-St-Zip: NAVARRE, FL 32566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICKY A HARVELL

DPS

07/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date