

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000073942

1. Entity Name
HARVEY ENTERPRISES INC



Principal Place of Business
380 ROLAND HARVEY RD.
CRAWFORDVILLE, FL 32327

Mailing Address
380 ROLAND HARVEY RD.
CRAWFORDVILLE, FL 32327

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052007 Chg-P CR2E034 (12/06)

4. FEI Number
74-3051403

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARVEY, SHAWN
380 ROLAND HARVEY RD.
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HARVEY, SHAWN
STREET ADDRESS 380 ROLAND HARVEY RD.
CITY ST ZIP CRAWFORDVILLE, FL 32327

TITLE T ☒ Delete
NAME ROBERTS, KENNETH E
STREET ADDRESS 380 ROLAND HARVEY RD.
CITY ST ZIP CRAWFORDVILLE, FL 32327

TITLE S ☐ Delete
NAME SACWITZ, DAVID
STREET ADDRESS 380 ROLAND HARVEY RD.
CITY ST ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

B 7/5/07

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP
000106257050
07/17/07--01012--016 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

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: *Shawn Harvey* shawn Harvey

7-5-07

Date

850-545-3787

Daytime Phone #