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Secretary of State

06-27-2005 90001 001 ***150.00
08-01-2005 90027 007 ***400.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000078058

1. Entity Name
HARVEY & ASSOCIATES PROPERTIES IN PARADISE, P.A.

50058944

Principal Place of Business	Mailing Address
7950 SUMMERLIN LAKES DR., SUITE 2 FORT MYERS, FL 33907	7950 SUMMERLIN LAKES DR., SUITE 2 FORT MYERS, FL 33907

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06242005 Chg-P CR2E034 (10/03)

4. FEI Number: 51-0431042 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARVEY, JEAN
11295 BIENVENIDA WAY #102
FORT MYERS, FL 33903

7. Name and Address of New Registered Agent

Name: Jean Harvey
Street Address (P.O. Box Number is Not Acceptable): 16341 Coco Hammocky Way
City: Ft. Myers, FL 33908 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: Jean Harvey DATE: 6/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARVEY, JEAN H 9808 ENSIGN CT. FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Harvey, Jean H. 16341 Coco Hammock Way Ft. Myers, FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jean Harvey 6/24/05 (239) 940-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #