


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000087051
 1. Entity Name
 HARDING-SAFER ASSOCIATES, INC.



Principal Place of Business Mailing Address
 435 SOUTH GULFSTREAM AVE., #1003 435 SOUTH GULFSTREAM AVE., #1003
 SARASOTA, FL 34236 SARASOTA, FL 34236



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1631097	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SAFER, L. ARTHUR
 435 SOUTH GULFSTREAM AVE., #1003
 SARASOTA, FL 34236

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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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	D SAFER, L. ARTHUR 435 SOUTH GULFSTREAM AVE., #1003 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARDING, CAROL G 435 SOUTH GULFSTREAM AVE., #1003 SARASOTA, FL 34236
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 05/02/06-80006-003 158.75

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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: L. Arthur Safer L. ARTHUR SAFER #1/13/06 928-262-6041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #