2004 FOR PROFIT CORPORATION

CITY-ST-ZIP

FILED **ANNUAL REPORT** Feb 02, 2004 08:00 AM **DOCUMENT # P02000093072 Secretary of State** 1. Entity Name O.J. HARP, III, P.A. Mailing Address Principal Place of Business 301 SOUTH MAIN STREET P.O. BOX 1857 BROOKSVILLE, FL 34605 BROOKSVILLE, FL 34601 CB2E034 (10/03) 01202004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2069949 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARP, OSA J III DO NOT WRITE 301 SOUTH MAIN STREET BROOKSVILLE, FL 34601 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE HARP, OSA J III NAME 301 SOUTH MAIN STREET STREET ADDRESS U00000024483 02/02/04-80068-021 150.00 CITY-ST-ZIP BROOKSVILLE, FL 34601 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 impowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR