2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000109136

1. Entity Name
HARVEY GROUP, INC.

Principal Place of Business	Mailing Address
4480 7 AVE NW NAPLES, FL 34119	4480 7 AVE NW NAPLES, FL 34119

02182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0430965
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WESEMAN, CARL E
COLLIER PLACE
3003 TAMIAMI TR N STE 300
NAPLES, FL 34103

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	HARVEY, RICHARD D
STREET ADDRESS	6700 SABLE RIDGE LN
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	HARVEY, RODNEY D
STREET ADDRESS	4480 7 AVE NW
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	SPALDING, RENAE D
STREET ADDRESS	309 ROCK CLIFF DR
CITY-ST-ZIP	MARTINSBURG, VW 25401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000443355
03/06/06-80003-005 158.75

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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: _____ 2-15-2006 2393481049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #