2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022550

Entity Name: HARLIN FINANCIAL SERVICES INC

DISHMAN, KENNETH R III

320 TROWBRIDGE WALK

ATLANTA, GA 30350

Name:

Address:

City-St-Zip:

FILED Aug 31, 2007 Secretary of State

LINKY NAME: FIARLIN FINANCIAL SERVICES INC.						
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
	1ST AVENUE .LE, FL 32605					
Current Mailing Address:			New Mailing Address:			
PO BOX 3: GAINESVIL	57756 .LE, FL 32635					
FEI Number:	36-4520777	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
	OHN 1ST AVENUE .LE, FL 32605	US				
The above in the State		bmits this statement for the pur	pose of changing it	s registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electronic	Signature of Registered Agent		Date		
		2)(b), F.S., the corporation did not re Trust Fund Contribution ().	eceive the prior notice	9 .		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () E GERRY, JOHN 2502 NW 31ST A GAINESVILLE, F		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () E SKALSKY, RICKI 2502 NW 31ST A GAINESVILLE, F	VENUE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SKALSKY, RICKIE 2502 NW 31ST AVE GAINESVILLE, FL 32605		
Title: Name: Address: City-St-Zip:	D () E GERRY, LINDA 2502 NW 31ST A GAINESVILLE, F		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	D ()[Nelete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN GERRY D 08/31/2007