


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90065 023 ***150.00

DOCUMENT # P03000039227 1. Entity Name F. HARIG AND SON, INC.					
Principal Place of Business 1951 SWEETGUM PLACE PALM HARBOR, FL 34684			Mailing Address 1951 SWEETGUM PLACE PALM HARBOR, FL 34684		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 159-3771725				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARIG, FREDERICK 1951 SWEETGUM PLACE PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P		<input type="checkbox"/> Delete		
NAME	HARIG, FREDERICK		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1951 SWEETGUM PLACE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	TR		<input type="checkbox"/> Delete		
NAME	HARIG, MARY S		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1951 SWEETGUM PLACE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: X <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			X 3-16-04 <small>Date Daytime Phone #</small>		