2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT*# P03000041702

1. Entity Name HARPO'S OF BRANDON, INC.



FILED
May 21, 2007 08:00 A
Secretary of State

Principal Place of Business

TAMBA EL 22600

2016 TOWN CENTER BLVD BRANDON, FL 33511

Mailing Address

5805 MARINER ST TAMPA, FL 33609



04302007

No Chg-P

CR2E034 (11/05)

4. FEI Number	Applied For
54-2108980	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HATJIOANNOU, JEFFREY 5805 MARINER ST

DO NOT WRITE IN THIS SPACE

TAMEA, FI	AMIFA, FE 33009			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 little	if applicable (NOTE Register	ed Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATJIOANNOU, JEFFREY 5805 MARINER ST TAMPA, FL 33609				U00000764721 05/31/07-80807-013 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	V HATJIOANNOU, T. 3832 SWANS LANDING DR LAND O'LAKES, FL 34639					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEMAYO, EDWARD 8410 WOODHURST DR TAMPA, FL 33615			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CHIY-ST-ZIP	D VANDENBRAND, ALPHONS 14124 FENNSBURY TAMPA, FL 33624			IN ²	THIS SPACE	
TITLE NAME STREET ADDRESS						

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 eath; that I am an efficer 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 color an attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

NAME STREET ADDRESS

TIFF HATTIDANNOY

PECTIOENE

4->= -07 813-289-419

Daytime Phone #