

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

02-13-2006 90015 033 ***158.75

DOCUMENT # P03000102341

1. Entity Name
HARWARD CONSTRUCTION, INC.



Principal Place of Business 2217 NW PINE AVE. OCALA, FL 34475	Mailing Address 2217 NW PINE AVE. OCALA, FL 34475
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66003144



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0341414	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

**ROBSON, SCRIBNER & STEWART, PA
 307 NE 36TH AVE.
 SUITE #1
 OCALA, FL 34470**

DO NOT WRITE 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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	P HARWARD, LEO L 2217 NW PINE AVE. OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S HARWARD, GARY 13310 NE 33RD AVE. ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T HARWARD, DAVID A 13838 NE 45TH AVE. ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Gary Harward* **2/2/06 352-622-8978**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
66003127

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

HARWARD CONSTRUCTION, INC.
2217 NW PINE AVE.
OCALA, FL 34475

Subject: HARWARD CONSTRUCTION, INC.

Reference Number: P03000102341

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION