


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90045 022 ***150.00

DOCUMENT # P03000120627 1. Entity Name HARPER CONTRACTING, INC.					
Principal Place of Business 709 EAST GULF BEACH DRIVE ST GEORGE ISLAND, FL 32328			Mailing Address 709 EAST GULF BEACH DRIVE ST GEORGE ISLAND, FL 32328		
2. Principal Place of Business 323 GANDER ST. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 323 GANDER ST. <small>Suite, Apt. #, etc.</small>			
City & State ST. GEORGE ISLAND, FL <small>Zip</small> 32328 <small>Country</small> USA		City & State ST. GEORGE ISLAND, FL <small>Zip</small> 32328 <small>Country</small> USA		4. FEI Number 57-1191765	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARPER, RICHARD JR. 709 EAST GULF BEACH DRIVE ST GEORGE ISLAND, FL 32328			7. Name and Address of New Registered Agent Name HARPER, RICHARD, JR. Street Address (P.O. Box Number is Not Acceptable) 323 GANDER ST. City ST. GEORGE ISLAND FL <small>Zip Code</small> 32328		
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: <i>Richard Harper, Jr.</i> RICHARD HARPER, JR. 3-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PT HARPER, RICHARD JR 709 E. GULF BEACH DR. ST. GEORGE ISLAND, FL 32328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T HARPER, RICHARD, JR. 323 GANDER ST. ST. GEORGE ISLAND FL 32328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARPER, STEVE 709 E. GULF BEACH DR. ST. GEORGE ISLAND, FL 32328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARPER, STEVE 323 GANDER ST. ST. GEORGE ISLAND, FL 32328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARPER, L. ANN 709 E. GULF BEACH DR. ST. GEORGE ISLAND, FL 32328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARPER, L. ANN 323 GANDER ST. ST. GEORGE ISLAND FL 32328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Richard Harper, Jr.</i> RICHARD HARPER, JR. 3-15-05 850 927-2480 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					