

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90009 018 ***150.00

24081933



08232004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0434163** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DOCUMENT # P03000144448

1. Entity Name
HARNESS CARPENTRY, INC



Principal Place of Business Mailing Address
5805 JIM DAVIS ROAD 5805 JIM DAVIS ROAD
PARRISH, FL 34219 PARRISH, FL 34219

2. Principal Place of Business 3. Mailing Address
3104 97 AVE E 3104 97 AVE E
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Parrish FL Parrish FL
Zip Country Zip Country
34219 Manatee 34219 Manatee

6. Name and Address of Current Registered Agent
GAY, JIM CPA
3984 MANATEE AVE EAST
BRADENTON, FL 34208

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HARNESS, WAYNE II 5805 JIM DAVIS ROAD PARRISH, FL 34219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3104 97 AVE E Parrish FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Wayne A. Harness **8-24-2004** **941-776-0106**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #