## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000001877

Entity Name: HARVEY BROTHERS REPAIRS INC

FILED Jan 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
--	--------------------------------------	---------------------------------

923 NE 24TH LN CAPE CORAL, FL 33909

Current Mailing Address: New Mailing Address:

923 NE 24TH LANE CAPE CORAL, FL 33909

FEI Number: 20-0562727 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARVEY, GERALD L 1117 NE 12TH ST HARVEY, GERALD L 2000 NE 1 ST PL

CAPE CORAL, FL 33909 US CAPE CORAL, FL 33909 US

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.

SIGNATURE: GERALD L HARVEY 01/15/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 HARVEY, GERALD L
 Name:
 HARVEY, GERALD L

 Address:
 1117 NE 12TH ST
 Address:
 2000 NE 1 ST PL

City-St-Zip: CAPE CORAL, FL 33909 US City-St-Zip: CAPE CORAL, FL 33909 US

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HARVEY, JEFFREY F
 Name:

 Address:
 2104 NE 24TH LN
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33909 US
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 HARVEY, DEBORAH H
 Name:
 HARVEY, DEBORAH H

 Address:
 1117 NE 12TH ST.
 Address:
 2000 NE 1ST PL

 City-St-Zip:
 CAPE CORAL, FL 33909
 City-St-Zip:
 CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD L HARVEY P 01/15/2005