

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90438 050 ***150.00

DOCUMENT # P04000005520					
1. Entity Name GENE HARRY ENTERPRISES, INC.					
Principal Place of Business 2829 N. W. LAKEVIEW DRIVE SEBRING, FL 33870 US			Mailing Address 2829 N. W. LAKEVIEW DRIVE SEBRING, FL 33870 US		
2. Principal Place of Business 2981 Lakeview Dr.		3. Mailing Address 2981 Lakeview Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sebring FL		City & State Sebring FL		4. FEI Number 90-0132060	
Zip 33870		Country Highlands		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRY, EUGENE C 2829 N.W. LAKEVIEW DRIVE SEBRING, FL 33870			7. Name and Address of New Registered Agent Name <u>Harry Eugene C.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2981 Lakeview Dr.</u> City <u>Sebring</u> FL 33870		
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 <u>Eugene C. Harry</u> <small>(Signature, typed or printed name of registered agent and entity applicable. (NOTE: Registered Agent signature required when reinstating))</small> DATE _____					
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	P HARRY, EUGENE C 2829 N.W. LAKEVIEW DRIVE SEBRING, FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 power like empowered.					
SIGNATURE: <u>Eugene C. Harry</u> Eugene C. Harry 4/25/05 863 3824226 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					