

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000060553

1. Entity Name
HARMILL SALES, INC.



Principal Place of Business
121 COMMERCE ROAD
BOYNTON BEACH, FL 33426

Mailing Address
121 COMMERCE ROAD
BOYNTON BEACH, FL 33426

FILED
Apr 14, 2006 08:00 AM
Secretary of State



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1697559

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRISON, DANIEL P
6911 FAIRWAY LAKES DRIVE
BOYNTON BEACH, FL 33437

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-06

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	P
NAME	HARRISON, DANIEL P
STREET ADDRESS	6911 FAIRWAY LAKES DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	V
NAME	HARRISON, RENEE A
STREET ADDRESS	6911 FAIRWAY LAKES DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	T
NAME	FEINBERG, MEICHELE
STREET ADDRESS	1437 W LAMPLIGHTER LANE
CITY-ST-ZIP	GWYNEDD, PA 19436

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000503861
04/28/06-80060-018 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-06

Date

561-540-4412

Daytime Phone #