


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90076 021 ***150.00

DOCUMENT # P04000075715

1. Entity Name
HARPE SCAN INCORPORATED



Principal Place of Business
**4524 PRO CT E.
 BRADENTON FL 34203**

Mailing Address
**4524 PRO CT E.
 BRADENTON FL 34203**



2. Principal Place of Business
3120 69th STE

3. Mailing Address
3120 69th STE

Suite, Apt. #, etc.
Bradenton, FL

Suite, Apt. #, etc.

City & State
Bradenton FL

City & State
Bradenton FL

Zip
34208

Country
USA

Zip
34208

Country
USA

1st MOORE CR2E034 (10/05)

4. FEI Number
11-3718422

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARPE, CAREY
 4524 PRO CT E.
 BRADENTON FL 34203**

Address Change →

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3120 69th STE

City
Bradenton

State
FL

Zip Code
34208

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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/D HARPE, CAREY 4524 PRO CT E. BRADENTON FL 34203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Name same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARPE, JAMES 4524 PRO CT E. BRADENTON FL 34203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Name same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S HARPE, CAREY 4524 PRO CT E. BRADENTON FL 34203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Name same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Address only
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 exemptions contained in Section 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: Carey Harpe **2/4/06 941-720-5198**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #