

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-20-2007 90015 011 ***150.00

DOCUMENT # P04000075715 1. Entity Name HARPE SCAN INCORPORATED																																																																																																					
Principal Place of Business 3120 69TH ST E. BRADENTON FL 34208			Mailing Address 3120 69TH ST E. BRADENTON FL 34208																																																																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																			
City & State Zip		City & State Zip		4. FEI Number 11-3718422 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent HARPE, CAREY 3120 69TH ST E. 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 <u><i>Carey Harpe President</i></u> DATE <u>3-10-07</u> <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when changing.)</small>																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">P/D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HARPE, CAREY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3120 69TH ST E</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BRADENTON FL 34208</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HARPE, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3120 69TH ST E.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BRADENTON FL 34208</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T/S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HARPE, CAREY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3120 69TH ST E</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BRADENTON FL 34208</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P/D	<input type="checkbox"/> Delete	NAME	HARPE, CAREY		STREET ADDRESS	3120 69TH ST E		CITY- ST- ZIP	BRADENTON FL 34208		TITLE	VP	<input type="checkbox"/> Delete	NAME	HARPE, JAMES		STREET ADDRESS	3120 69TH ST E.		CITY- ST- ZIP	BRADENTON FL 34208		TITLE	T/S	<input type="checkbox"/> Delete	NAME	HARPE, CAREY		STREET ADDRESS	3120 69TH ST E		CITY- ST- ZIP	BRADENTON FL 34208		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	P/D	<input type="checkbox"/> Delete																																																																																																			
NAME	HARPE, CAREY																																																																																																				
STREET ADDRESS	3120 69TH ST E																																																																																																				
CITY- ST- ZIP	BRADENTON FL 34208																																																																																																				
TITLE	VP	<input type="checkbox"/> Delete																																																																																																			
NAME	HARPE, JAMES																																																																																																				
STREET ADDRESS	3120 69TH ST E.																																																																																																				
CITY- ST- ZIP	BRADENTON FL 34208																																																																																																				
TITLE	T/S	<input type="checkbox"/> Delete																																																																																																			
NAME	HARPE, CAREY																																																																																																				
STREET ADDRESS	3120 69TH ST E																																																																																																				
CITY- ST- ZIP	BRADENTON FL 34208																																																																																																				
TITLE		<input type="checkbox"/> Delete																																																																																																			
NAME																																																																																																					
STREET ADDRESS																																																																																																					
CITY- ST- ZIP																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																			
NAME																																																																																																					
STREET ADDRESS																																																																																																					
CITY- ST- ZIP																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																			
NAME																																																																																																					
STREET ADDRESS																																																																																																					
CITY- ST- ZIP																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																			
NAME																																																																																																					
STREET ADDRESS																																																																																																					
CITY- ST- ZIP																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																			
NAME																																																																																																					
STREET ADDRESS																																																																																																					
CITY- ST- ZIP																																																																																																					
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: <u><i>Carey Harpe</i></u> <u>3/28/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																					