2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

1. Entity Name HARPE SCAN INCORPORATED								03-20-2007	90015 011	***15	60.00	
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 #				3. Mailing Address							BRIDGE 11 1864	
Suito, Apt #, etc.			Stril	Suito, Apt. #. etc.				1st MOORE CR2E034 (10/06)				
City & Stato			City	City & State			4. FEI Num	ber 11-371842	2		pplied For of Applicable	
Zip	Country				Coun	lry	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current F				ed Agent	7. Name and Address of New Registered Agent							
LUADE ALDEM						Name						
HARPE, CAREY 3120 69TH ST E. BRADENTON FL 34208						Street Address (P.O. Box Number is Not Acceptable)						
						City	FL Zip Code					
0 The share									~ — 1	•		
B. The above	named entity tions of regist	submits this statement	for the purp	ose of changing its	s registere	od office or regis	lered agent, or b	oth, in the State of Fl	orida. I am lan	niliar with,	and accept	
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SIGNATURE CANY Tarpe President									3-10	-01	-	
	Signature, typed	or publication of tobales and	ont area fight c and	NOI	E Flegislere	Agent signifilme requ	(kelliffinë: užeje Dan		DATE			
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 Camp Trust Fund Cor			OO May Be ed to Fees	
10.		OFFICERS AN	ID DIRECTO	IRS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND D	RECTOR	S IN 11	
1001	P/D		<u> </u>	☐ Oclete	TILLE					Change	Addition	
NAME	HARPE, CAREY			h		i			_		_	
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NAME: SHELL ADDRESS	HARPE, CA 3120 69TH				NAME	t						
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CHY-SI-ZIP					CHY-	S1-7IP						
12. I hereby	certify that th	e information supplied	with this filing	g does not qualify	for the ex	emptions contain	ned in Section 11	19, Florida Statutes. I	further certify	that the is	nformation	
of the co	rporation or ti	re receiver or trustee e	mbowoled no	execute this repo	my signat rt as requ	ired by Chapter	e samo logal ollo 607, Florida Slati	ici as it made under a ules; and that my nar	pain; inal I am a ne appoars in (an otlicer Block 10 c	or avector or Block 11	
indicated on this roport or supplemental report is true and accurate and that my signature shall have the same logal elloct as if made under eath; that I am an efficer 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.												