, 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

EPDVNFOU!\$ P05000010456

2/ Entity Name

HARLEY G PARKHURST, PA



Apr 19, 2007 8:00 am Secretary of State 04-19-2007 90416 038 ***150.00

FILED

Principal Place of Business

Mailing Address

339!THUSHUXEZ **DBTTFMCFSSZ!QM43818** 339!TFDSFUXBZ **IBITHMFSSZ!QM43818** 40071913



EP OPUXSUF JO UI JT TOBDF

Op!Di h.Q DS3F145!)22016* 04112007

5/ FEI Number 20-2204664 Applied For Not Applicable

6/ Certificate of Status Desired

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OffiSfrvjsfe

7/ Obn f lboelBeesfttlpgDvssfouSfhjtufsfelBhfou

PARKHURST, HARLEY G 228 SECRET WAY CASSELBERRY, FL 32707 EP OPUXSUF! JO UI JT TOBDF

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or reg	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signature re	equired when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	: / Election Campaign Finan Trust Fund Contribution.		%6/11 NbzlCf i Beef eliplGf f t	
21/	OFFICERS AND DIREC	CTORS	<u> </u>	· 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKHURST, HARLEY G 228 SECRET WAY CASSELBERRY, FL 32707				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE HAME STREET ADDRESS CITY-ST-ZIP					

23/ 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.