


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90008 009 \*\*\*158.75

<b>DOCUMENT # P05000049735</b>			
1. Entity Name <b>RENOVATIONS BY ROBERT HARPER, INC.</b>			
Principal Place of Business <b>4731-1 RADCLIFF COURT JACKSONVILLE FL 32217 US</b>		Mailing Address <b>4731-1 RADCLIFF COURT JACKSONVILLE FL 32217 US</b>	
2. Principal Place of Business - No P.O. Box # <b>4827 DEERMOSS WAY N.</b>		3. Mailing Address <b>4827 DEERMOSS WAY N.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>JACKSONVILLE, FL</b>		City & State <b>JACKSONVILLE, FL</b>	
Zip <b>32217</b>	Country <b>USA</b>	Zip <b>32217</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>HARPER, ROBERT 4731-1 RADCLIFF COURT JACKSONVILLE FL 32217</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HARPER, ROBERT 4731-1 RADCLIFF COURT JACKSONVILLE FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HARPER, Robert 4827 DEERMOSS WAY N. JACKSONVILLE, FL 32217 <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert Harper Robert HARPER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-08  
Date

904-742-6916  
Telephone #