



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90301 029 \*\*\*150.00

<b>DOCUMENT # P05000058118</b> 1. Entity Name <b>HRV &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>421 305 QUAY ASSISI</b> <b>NEW SMYRNA BEACH FL 32169</b>				Mailing Address <b>421 305 QUAY ASSISI</b> <b>NEW SMYRNA BEACH FL 32169</b>	
2. Principal Place of Business <b>421 QUAY ASSISI</b> Suite, Apt. #, etc.		3. Mailing Address <b>421 QUAY ASSISI</b> Suite, Apt. #, etc.			
City & State <b>NEW SMYRNA BEACH FL</b>		City & State <b>NEW SMYRNA BEACH FL</b>			
Zip <b>32169</b>		Zip <b>32169</b>			
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>58-2443160</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent <b>421 VASTINE, HARLAN R</b> <b>305 QUAY ASSISI</b> <b>NEW SMYRNA BEACH FL 32169</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PSTD</b> <input type="checkbox"/> Delete NAME <b>VASTINE, HARLAN R</b> STREET ADDRESS <b>305 QUAY ASSISI</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH FL 32169</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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.					
<b>SIGNATURE: <u>Harlan R. Vastine</u> HARLAN R. VASTINE PRESIDENT 4-21-06 386-689-0898</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					