2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 07, 2006 8:00 am Secretary of State **DOCUMENT # P05000082796** 02-16-2006 90039 037 ***150.00 1. Entity Name HARVEY B. LOFTON, INC. Principal Place of Business Mailing Address 66003917 1644 IVEY RD 1644 IVEY RD GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 03-*056*3319 Not Applicable Zio Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOFTON, HARVEY B Street Address (P.O. Box Number is Not Acceptable) **1644 IVEY RD** GREEN COVE SPRINGS FL 32043 City 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. 可装品 Signature, typed or priviled name of registered agent god title if applicable (NOTE: Registered Agent signature included when consisting) DATE FILE NOW!!! FEE IS \$150.00 Arter May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition Change LOFTON, HARVEY B NAME NAME STREET ADDRESS **1544 IVEY RD** STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 CITY-SI-ZIP **TITLE** ☐ Oclete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCORESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Doleto TITLE ____Change_______Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-2/P Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 119, Floride 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 keep provided. SIGNATURE:

FILED

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Case



February 20, 2006

HARVEY B. LOFTON, INC. 1644 IVEY RD GREEN COVE SPRINGS, FL 32043

Subject: HARVEY B. LOFTON, INC.

Reference Number: -

P05000082796

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION