

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90183 034 ***150.00

DOCUMENT # P05000141058 1. Entity Name HARVICK PROS PAINTING & DECORATING, INC.					
Principal Place of Business 54 SAND DUNES RD SANTA ROSA BEACH, FL 32459			Mailing Address P O BOX 2177 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business - No P.O. Box # 459 Montigo Ave N			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Santa Rosa Bch FL			City & State 		
Zip 32459		Country U.S.		Zip 	
Country 		Country 		4. FEI Number 26-0127562	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARVICK, DAVID D 459 MONTIGO AVE N SANTA ROSA BEACH, FL 32459			7. Name and Address of New Registered Agent 		
Name 			Street Address (P.O. Box Number is Not Acceptable) 		
City 			State FL		
Zip Code 			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: David D. Harvick David D. Harvick 4-26-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME HARVICK, DAVID D		TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS P O BOX 2177		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP SANTA ROSA Bch, FL 32459		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE 	NAME S, T		TITLE 	NAME Harvick, Suzanne M	
STREET ADDRESS 	STREET ADDRESS POB 277		STREET ADDRESS 	STREET ADDRESS P.O. Box 2177	
CITY-ST-ZIP 	CITY-ST-ZIP SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP 	CITY-ST-ZIP Santa Rosa Bch., FL 32459	
TITLE 	NAME MUNSTERMAN, ANDREW		TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS POB 2177		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 	
12. 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.					
SIGNATURE: David D. Harvick David D. Harvick 4-26-07 850-217-2820 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					