

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000141058

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** HARVICK PROS PAINTING & DECORATING, INC.

**Current Principal Place of Business:**

169 LAKEVIEW DR  
SEAGROVE, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2177  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 26-0127562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARVICK, DAVID D  
169 LAKEVIEW DR  
SEAGROVE, FL 32459 US

**Name and Address of New Registered Agent:**

HARVICK, DAVID D  
169 LAKEVIEW DR  
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/14/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HARVICK, DAVID D  
Address: P O BOX 2177  
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: V  
Name: HARVICK, SUZANNE M  
Address: 169 LAKEVIEW DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID D HARVICK

P

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date