


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P29160
 1. Entity Name
THE JOHN HARLAN COMPANY OF FLORIDA



Principal Place of Business 9810 PAGE BLVD ST LOUIS, MO 63132 US	Mailing Address 9810 PAGE BLVD. ST. LOUIS, MO 63146 US
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1175091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, ROBERT
 3690 CHASE AVE.
 MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARLAN, JOHN M. JR. 12800 TOPPING ACRES TOWN & COUNTRY, MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARLAN, KATHLEEN KELLY 12800 TOPPING ACRES TOWN & COUNTRY, MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/19/04-80020-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **3/5/04** **314-890-2351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #