

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90036 023 ***150.00

DOCUMENT # P38627

1. Entity Name
HARBERT REALTY SERVICES, INC.



Principal Place of Business
**1901 6TH AVE. N., #2001
BIRMINGHAM, AL 35203**

Mailing Address
**1901 6TH AVE. N., #2001
BIRMINGHAM, AL 35203**

40058204



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number
63-1063660

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	CD HARBERT, RAYMOND J. 1901 6TH AVE. N., #2520 BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FINDLEY, KENNETH B. 1901 6TH AVE. N., #2520 BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LYNCH, HARRY M. 1901 6TH AVENUE NORTH, SUITE 2520 BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ECHOLS, MARY C. 1901 6TH AVENUE NORTH, SUITE 2520 BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BROOKE, WILLIAM W 1 RIVERCHASE PARKWAY SOUTH BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-07

205-323-2020