


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000049576	
1. Entity Name HARBERT REALTY SERVICES OF FLORIDA, INC.	

Principal Place of Business 5415 MARINER STREET SUITE 103 TAMPA, FL 33609 US	Mailing Address 1901 6TH AVENUE NORTH SUITE 2001 BIRMINGHAM, AL 35203 US
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-1126826	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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000073143 03/02/04-80024-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, HARRY 1901 6TH AVE. NORTH, SUITE 2520 BIRMINGHAM, AL 35203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINDLEY, KENNETH 1901 6TH AVE. NORTH, SUITE 2520 BIRMINGHAM, AL 35203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BROOKE, WILLIAM W 1 RIVERCHASE PARKWAY SOUTH BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 info empowered.

SIGNATURE:  **2-23-04** **205-323-2020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

HARRY LYNCH