## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Mar 31, 2006 8:00 am Secretary of State **DOCUMENT # P94000049576** 03-31-2006 90009 046 \*\*\*150.00 1. Entity Name HARBERT REALTY SERVICES OF FLORIDA, INC. Principal Place of Business Mailing Address **5415 MARINER STREET** 1901 6TH AVENUE NORTH SUITE 103 **SUITE 2001** TAMPA, FL 33609 BIRMINGHAM, AL 35203 2. Principal Place of Business. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 63-1126826 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME LYNCH, HARRY NAME 1901 6TH AVE. NORTH, SUITE 2520 STREET ADDRESS STREET ADDRESS BIRMINGHAM, AL 35203 CITY-ST-ZIP CLTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FINDLEY, KENNETH NAME NAME STREET ADDRESS 1901 6TH AVE. NORTH, SUITE 2520 STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35203 CITY - ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME BROOKE, WILLIAM W NAME 1 RIVERCHASE PARKWAY SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY+ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied ental 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 the empowered.

Harry M. Lynch 3-28-06

IGNING OFFICER OR DIRECTOR President. CEO

205-458-8130

Daytime Phone #

**FILED**