## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 22, 2008 8:00 am Secretary of State DOCUMENT # P94000049576 04-22-2008 90024 024 \*\*\*150.00 HARBERT REALTY SERVICES OF FLORIDA, INC. Principal Place of Business Mailing Address 5415 MARINER STREET 1901 6TH AVENUE NORTH SUITE 103 **SUITE 2001** BIRMINGHAM, AL 35203 TAMPA, FL 33609 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262008 Cha-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 63-1126826 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulared when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE Delete IIILE NAME LYNCH, HARRY NAME STREET ADDRESS 1901-6TH AVE. NORTH, SUITE 2520 STREET ADDRESS BIRMINGHAM, AL 35203 CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition FINDLEY, KENNETH NAME NAMÉ STREET ADDRESS 4904-6TH AVE NORTH SHITE 2520 STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35203 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition BROOKE, WILLIAM W\_\_\_\_ NAME STREET ADDRESS 1 RIVERCHASE PARKWAY SOUTH STREET ADDRESS BIRMINGHAM, AL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 received 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.

CITY-ST-ZIP

SIGNATURE:

CHY-ST-7IP

3-27-08

205-323-2020

**FILED**