

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000062422**

1. Entity Name  
**HARWICK HOMES CONSTRUCTION, INC.**



Principal Place of Business  
**9001 HIGHLAND WOODS BLVD  
STE 1  
BONITA SPRINGS, FL 34135 US**

Mailing Address  
**164 BAYVIEW AVE  
NAPLES, FL 34108 US**



05152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0519248**

Applied For  
Not Applicable

5. Certificate of Status Dashed ☐ **\$8.75** Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

**KATHY HARWICK  
164 BAYVIEW AVENUE  
NAPLES, FL 33963**

**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 \$550.00  
Due by September 6, 2006**

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

**000000566000  
05/24/06-80005-006 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
HARWICK, RICK  
164 BAYVIEW AVENUE  
NAPLES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
HARWICK, KATHY  
164 BAYVIEW AVENUE  
NAPLES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**5/15/06**

Date

Official's Print's &