

**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      Mailing Address

**9001 HIGHLAND WOODS BLVD**      **164 BAYVIEW AVE**  
**STE 1**      **NAPLES, FL 34108 US**  
**BONITA SPRINGS, FL 34135 US**

**DO NOT WRITE IN THIS SPACE**



05152006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0519248</b>	Applied For Not Applicable
5. Certificate of Status Dashed <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	DP
NAME	HARWICK, RICK
STREET ADDRESS	164 BAYVIEW AVENUE
CITY-ST-ZIP	NAPLES, FL
TITLE	DT
NAME	HARWICK, KATHY
STREET ADDRESS	164 BAYVIEW AVENUE
CITY-ST-ZIP	NAPLES, FL
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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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:       **5/15/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day      Oeyleme Print's #