

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000066801

FILED
Jan 21, 2005
Secretary of State

Entity Name: STEVEN P. HARMS CONTRACTORS, INC.

Current Principal Place of Business:

5226 S. MACDILL AVENUE
TAMPA, FL 33611

New Principal Place of Business:

3914 LEONA ST.
TAMPA, FL 33629

Current Mailing Address:

P O BOX 10336
TAMPA, FL 336790336 US

New Mailing Address:

FEI Number: 59-3267187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARMS, STEVEN P
5226 S MACDILL AVE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

HARMS, STEVEN P
3914 LEONA ST.
TAMPA, FL 33629 US

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.

SIGNATURE: STEVEN P. HARMS

01/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARMS, STEVEN P
Address: 3914 LEONA ST.
City-St-Zip: TAMPA, FL 33629

Title: VP () Delete
Name: HARMS, KATHLEEN A
Address: 3914 LEONA ST
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN A. HARMS

VP

01/21/2005

Electronic Signature of Signing Officer or Director

Date