2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000011668

Name:

Address: City-St-Zip: FONTANA, SHARON

1745 ROCKLEDGE

ROCKLEDGE, FL 32955

Entity Name: HARVEY REALTY CORPORATION

FILED Feb 02, 2005 Secretary of State

Littly Name. HARVET REALTT CORFORATION								
Current Principal Place of Business:					New Principal Place of Business:			
3700 S. US ROCKLED		955						
Current Mailing Address:					New Mailing Address:			
3700 S. US HWY 1 ROCKLEDGE, FL 32955				P O BOX 560700 ROCKLEDGE, FL 32956				
FEI Number:	59-3295598	FEI Num	ber Applied For()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
HARVEY, JB 3700 S US 1 ROCKLEDGE, FL 32955 US					HARVEY, JAMES B 3700 S US 1 ROCKLEDGE, FL 32955 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: JAMES B HARVEY					02/02/2005			
Electronic Signature of Registered Agent					Date			
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D HARVEY, LA 1421 ROCK ROCKLEDG				Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D HARVEY, J 6335 CAPS ROCKLEDG				Title: Name: Address: City-St-Zip:	D HARVEY, 6335 CAP ROCKLED		
Title:	D	() Delete			Title:	D	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

FONTANA, SHARON

ROCKLEDGE, FL 32956

P O BOX 560700

SIGNATURE: JAMES B HARVEY D 02/02/2005