

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000059322

1. Entity Name

HARAPHEN PROPERTIES, INC.



Principal Place of Business

%MARIO G. DE MENDOZA, III
12765 FOREST HILL BOULEVARD, SUITE 1302
WELLINGTON, FL 33414

Mailing Address

12765 FOREST HILL BLVD
SUITE 1302
WELLINGTON, FL 33414



01302006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0608319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE MENDOZA, MARIO G III PA
12765 FOREST HILL BLVD, SUITE 1302
WELLINGTON, FL 33414

**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 \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME O'HARA, STEPHEN D
STREET ADDRESS 1364 HWY 441 SE
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE VSD
NAME O'HARA, BERNARD F
STREET ADDRESS 1364 HWY 441 SE
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Stephen D. O'Hara, Pres.

Date

Daytime Phone #

03/09/06-80063-009 150.00
12/14/06 863 801 1491