

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90049 027 ***150.00

DOCUMENT # P96000025689

1. Entity Name

RATH, HARPER & ASSOCIATES, INC.



Principal Place of Business

**5405 CYPRESS CENTER DRIVE
STE 320
TAMPA FL 33609**

Mailing Address

**5405 CYPRESS CENTER DRIVE
STE 320
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3375180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLCOMB, VICTOR W
106 S TAMPANIA AVE
SUITE 200
TAMPA FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HARPER, WILLIAM H	
STREET ADDRESS	5405 CYPRESS CTR DR. #320	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARR, JUDY	
STREET ADDRESS	5405 CYPRESS CTR DR. #320	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RATH, TIFFANY	
STREET ADDRESS	5405 CYPRESS CTR DR. #320	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	GM	<input type="checkbox"/> Delete
NAME	RATH, FRED H	
STREET ADDRESS	5405 CYPRESS CENTER DR. 320	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RATH, JOAN	
STREET ADDRESS	5405 CYPRESS CENTER DR 320	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTLING, ROBERT	
STREET ADDRESS	5405 CYPRESS CENTER DR 320	
CITY-ST-ZIP	TAMPA FL 33609	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Robert A. Martling **ROBERT A. MARTLING**

Date

Daytime Phone #

3/16/04 813-636-8860