


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000025689**

1. Entity Name  
**RATH, HARPER & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address


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



1st MOORE      CR2E034 (10/04)

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**

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

**7. Name and Address of New Registered Agent**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be  
Trust Fund Contribution,  Added to Fees

**10. OFFICERS AND DIRECTORS**

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	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		

U00000236138  
02/21/05-80006-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       2/10/05      813-636-8860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #