

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90283 041 \*\*\*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

1st MOORE

CR2E034 (10/05)

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 TAMPA AVE  
SUITE 200  
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name **HOLCOMB, VICTOR W.**

Street Address (P.O. Box Number is Not Acceptable)  
**201 N. ARMENIA AVE.**

City **TAMPA**

**FL**

Zip Code  
**33609**

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**

**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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **HARPER, WILLIAM H**  
CITY-ST-ZIP **5405 CYPRESS CTR DR. #320  
TAMPA FL 33609**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **CARR, JUDY**  
CITY-ST-ZIP **5405 CYPRESS CTR DR. #320  
TAMPA FL 33609**

TITLE ☒ Delete  
NAME **ST**  
STREET ADDRESS **RATH, TIFFANY**  
CITY-ST-ZIP **5405 CYPRESS CTR DR. #320  
TAMPA FL 33609**

TITLE ☐ Delete  
NAME **GM**  
STREET ADDRESS **RATH, FRED H**  
CITY-ST-ZIP **5405 CYPRESS CENTER DR. 320  
TAMPA FL 33609**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **RATH, JOAN**  
CITY-ST-ZIP **5405 CYPRESS CENTER DR 320  
TAMPA FL 33609**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **MARTLING, ROBERT**  
CITY-ST-ZIP **5405 CYPRESS CENTER DR 320  
TAMPA FL 33609**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **ST**  
STREET ADDRESS **BLUNN, TIFFANY**  
CITY-ST-ZIP **5405 CYPRESS CENTER DR #320  
TAMPA, FL 33609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Frederick H. Rath*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/06**

**813-636-8860**

Date

Daytime Phone #