

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000C83361 1. Entity Name V. HARPER ENTERPRISES, INC.		
Principal Place of Business 8350 COMMONWEALTH AVENUE JACKSONVILLE, FL 32220	Mailing Address 8350 COMMONWEALTH AVENUE JACKSONVILLE, FL 32220	
6. Name and Address of Current Registered Agent HARPER, VIRGIL 8350 COMMONWEALTH AVENUE JACKSONVILLE, FL 32220		4. FEI Number 59-3401913
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title, if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARPER, VIRGIL 8350 COMMONWEALTH AVE JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARPER, DESSIE M 8350 COMMONWEALTH AVE. JACKSONVILLE, FL 32220	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000159003 05/10/04-80013-008 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <i>Virgil E Harper</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/30/04 <small>Date</small>
		(904) 693-4848 <small>Daytime Phone #</small>