

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90031 027 \*\*\*150.00

**DOCUMENT # P96000103096**

1. Entity Name  
**HARPER ENTERPRISES OF SOUTH FLORIDA INC.**



Principal Place of Business  
**1901 FLORIDA STREET  
LAKE WORTH, FL 33460 US**

Mailing Address  
**1901 FLORIDA ST  
LAKE WORTH, FL 33460 US**

**20011924**



2. Principal Place of Business

3. Mailing Address

**1246 16TH AVE. NO.**

**1246 16TH AVE. NO.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**LAKE WORTH, FL**

**LAKE WORTH, FL**

City & State

City & State

01122005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0716155**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip  
**33460**

Country  
**USA**

Zip  
**33460**

Country  
**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARPER, GARY  
1901 FLORIDA STREET  
LAKE WORTH, FL 33460**

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 **GARY R HARPER**

Signature, typed or printed name of registered agent and title if applicable.

**[Signature]**

(NOTE: Registered Agent signature required when reinstating)

**2/4/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HARPER, GARY R  
1901 FLORIDA STREET  
LAKE WORTH, FL 33460** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: **GARY R HARPER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**[Signature]**

Date

**2/4/04**

Daytime Phone #

**561-358-0546**