

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 23, 2005 08:00 AM  
Secretary of State

DOCUMENT # P97000049355

1. Entity Name  
HARPER RENTALS, INC.



Principal Place of Business  
P.O. BOX 298  
WINTER PARK, FL 32789

Mailing Address  
P.O. BOX 298  
WINTER PARK, FL 32789



02092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3452999

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARPER, THOMAS H  
3014 RIVIERA BAY COURT  
OVIEDO, FL 32765

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling) 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

1000000240162  
02/23/05-80013-017 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HARPER, JAMES R  
STREET ADDRESS 3014 RIVIERA BAY COURT  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE SD  
NAME HARPER, THOMAS H  
STREET ADDRESS 3014 RIVIERA BAY COURT  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE TD  
NAME D'AMRON, CATHIE  
STREET ADDRESS 3014 RIVIERA BAY COURT  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 recycler 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: Thomas H Harper  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-05 321-303-6260  
Date Daytime Phone #