2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000049355

1. Entity Name
HARPER RENTALS, INC.

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

DO NOT WRITE IN THIS SPACE

01162008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3452999	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

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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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000924008 05/16/08-80056-016 150.00

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	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ Thomas H Harper   4/24/08   321-303-6260

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