

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000091699

**FILED**  
**Mar 29, 2008**  
**Secretary of State**

**Entity Name:** MARIA HARP, ARNP, MS, CS, INC.

**Current Principal Place of Business:**

3402 MAGIC OAK LANE  
SARASOTA, FL 34232

**New Principal Place of Business:**

1718 MAIN STREET  
SUITE 302  
SARASOTA, FL 34236

**Current Mailing Address:**

P O BOX 25547  
SARASOTA, FL 34277 US

**New Mailing Address:**

1718 MAIN STREET  
SUITE 302  
SARASOTA, FL 34236

**FEI Number:** 65-0789383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARP, MARIA  
6157 MIDNIGHT PASS RD.  
B-12  
SARASOTA, FL 34242 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HARP, MARIA  
Address: 6157 MIDNIGHT PASS RD. #B-12  
City-St-Zip: SARASOTA, FL 34242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARIA HARP

**PRES**

**03/29/2008**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date