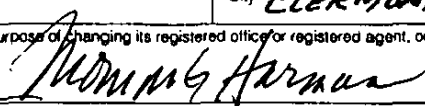
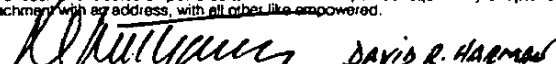


2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/4

FILED
Apr 27, 2007 8:00 am
Secretary of State

03-05-2007 90059 001 ***150.00

DOCUMENT # P98000015441 1. Entity Name HARBROS & CO., INC.					
Principal Place of Business 10247 THOMPSON PLACE CLERMONT, FL 34711			Mailing Address 10247 THOMPSON PLACE CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box # 12037 ELBERT ST Suite, Apt. #, etc.		3. Mailing Address 12037 ELBERT ST Suite, Apt. #, etc.			
City & State CLERMONT FL Zip 34711		City & State CLERMONT, FL Zip 34711		Country USA	
4. FEI Number 59-3492099				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				03022007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HARMAN, DAVID R 10247 THOMPSON PLACE CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name HARMAN, THOMAS G Street Address (P.O. Box Number is Not Acceptable) 12037 ELBERT ST City CLERMONT FL Zip Code 34711		
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:  DATE: 3-2-07 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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 HARMAN, THOMAS G 12037 ELBERT ST. CLERMONT, FL 34711	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMAN, DAVID R 10247 THOMPSON PLACE CLERMONT, FL 34711	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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:  DATE: 3-2-07 DAYTIME PHONE: 352-394-6394 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					