## 2007 FOR PROFIT CORPORATION ANNUAL REPORT. (AR)

## FILED Jan 30, 2007 08:00 AM DOCUMENT # P99000068980 **Secretary of State** BETH A. HARVEY, INC. Principal Place of Business Mailing Address 483 SW LIGHTWOOD PL PO BOX 790 FORT WHITE FL 32038 HIGH SPRINGS FL 32655 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato Applied For City & State 4. FEI Number 65-0939053 Not Applicable Zıp Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARVEY, BETH A Street Address (P.O. Box Number is Not Acceptable) 483 SW LIGHTWOOD PLACE FORT WHITE FL 32038 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered offico 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 agont and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Delete Addition HARVEY, BETH A NAME. 483 SW LIGHTWOOD PL STRUCT ADDRESS STREET ADDRESS U000000611159 FORT WHITE FL 32038 CITY-ST-ZIP CITY-ST-ZIP 02/02/07-80050-011 TITLE ☐ Delete IIILE ☐ Change Addition WHISENHUNT, CHRISTOPHER L NAME NAME 6448 SW 55 WAY STREET ADDRESS STREET ADDRESS LAKE BUTLER FL 32054 CITY-ST-ZIP CITY-ST-ZIP Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STRIFET ADDRESS CITY-ST-7IP CITY-ST-ZIP THUE ☐ Detete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Statutos; 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

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