


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90383 038 ***150.00

DOCUMENT # 99000079135					
1. Entity Name HARBISONBILT, INC.					
Principal Place of Business 201 SOUTHWEST 2ND STREET 101 OCALA FL 34474			Mailing Address P.O. BOX 4680 OCALA FL 34478-4680		
2. Principal Place of Business 1705 NE 32nd Ave		3. Mailing Address Same			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.			
City & State Ocala		City & State			
Zip FL	Country Marion	Zip 34470	Country USA	4. FEI Number 59-3659672	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARBISON, NOEL G 4696 E. HIGHWAY 329 ANTHONY FL 32617			7. Name and Address of New Registered Agent		
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing			\$5.00 May Be Added to Fees		
Trust Fund Contribution. <input type="checkbox"/>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARBISON, NOEL G	NAME			
STREET ADDRESS	4696 E. HIGHWAY 329	STREET ADDRESS			
CITY-ST-ZIP	ANTHONY FL 32617	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARBISON, VELMAT	NAME			
STREET ADDRESS	4696 E. HIGHWAY 329	STREET ADDRESS			
CITY-ST-ZIP	ANTHONY FL 32617	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARBISON, G. TROY	NAME			
STREET ADDRESS	4696 E. HIGHWAY 329	STREET ADDRESS			
CITY-ST-ZIP	ANTHONY FL 32617	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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 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: Yelma T. Harbison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 (352) 69-4578
Date Daytime Phone #