

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90037 028 ***150.00

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| DOCUMENT # P99000094901 | |  | |
| 1. Entity Name HARNISH TRANSPORTATION, INC. | | | |
| Principal Place of Business 8706 N. PAWNEE AVE. TAMPA FL 33617 | | Mailing Address 12038 LAKE ALLEN DR. LARGO FL 33773 | |
| 2. Principal Place of Business 2101 - CAMP INDIANHEAD RD Suite, Apt. #, etc. | | 3. Mailing Address 12038 LAKE ALLEN DR. Suite, Apt. #, etc. | |
| City & State LAND O LAKES, FL | | City & State LARGO, FL | |
| Zip 34639 | Country USA | Zip 33773 | Country |
| 6. Name and Address of Current Registered Agent REEP, JACQUELINE H 12038 LAKE ALLEN DRIVE LARGO FL 33773 | | 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 _____ | | | |
| <p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make/Check Payable to Florida Department of State</p> | | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HARNISH, JOHN J 2101 CAMP INDIANHEAD ROAD LAND O LAKES FL 34639 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HARNISH, JOHN F 2101 CAMP INDIANHEAD ROAD LAND O LAKES FL 34639 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S REEP, JACQUELINE H 2101 CAMP INDIANHEAD ROAD LAND O LAKES FL 34639 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>J. H. REEP</u> | | Date: <u>2-2-04</u> | Daytime Phone #: <u>813-477-7914</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |



MOORE CR2E034 (11/03)