2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000101293

1. Entity Name
HARING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
901 ARNOLD ROAD KENANSVILLE, FL 34739	901 ARNOLD RD KENANSVILLE, FL 34739

01052005 Nu Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3610436
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARING, ELIZABETH
901 ARNOLD RD
KENANSVILLE, FL 34739

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARING, ELIZABETH A
STREET ADDRESS	901 ARNOLD RD
CITY-ST-ZIP	KENANSVILLE, FL 34739
TITLE	SVPD
NAME	HARING, GARY
STREET ADDRESS	901 ARNOLD RD
CITY-ST-ZIP	KENANSVILLE, FL 34739
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
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CITY-ST-ZIP	

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02/19/05-80020-017 150.00

DO NOT WRITE IN THIS SPACE

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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E Haring President 2/15/05

321-517-9294
(407)436-1021