## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Jan 18, 2005 08:00 AM Secretary of State

Applied For Not Applicable

DOCUMENT # S0810 1. Entity Name R.D. HARPER, INC.	2		Se	cretary of Sta
Principal Place of Business 11870 74 AVE NO SEMINOLE, FL 33772 US	Mailing Address 11870 74 AVE NO SEMINOLE, FL 33772 US	,		
32MiNO2E, 1 2 33772	SEMMOLE, 12 33772 03			
DO NOT WRITE IN THIS SPACE		01102005 No Chg-P	CR2E034 (10/03)	
DO NOT WH	HIE IN THIS SPA	<b>JE</b>	4. FEI Number 65-0222074	Applied Fo
		<del></del>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
o. Naine and Address of	Current Registered Agent	I		

DO	NOT	WRIT	Έ

IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARPER, ROGER DALE 11870 74 AVE NO SEMINOLE, FL				U00000184095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, LISA 11870 74 AVE NO SEMINOLE, FL				U00000184036 01/20/05-80016-013 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
12. [ hereby c	certify that the information supplied with this fit	ing does not qualify for the exen	nption stated	in Section 119,07(3)(	), 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.

S	IG	NΔ	١TI	JR	F:

ZACUR, RICHARD A 5200 CENTRAL AVE ST PETERSBURG, FL 33733

Moger Sale Horser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR