


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # V41491

1. Entity Name
HARPSTER ENGINEERING & SURVEYING, INC.



Principal Place of Business Mailing Address

436 N. GRANDVIEW AVENUE 436 N. GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3125809 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NORTON, JOHN S JR. P.A.
431 N. GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118

**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: *John S Norton, Jr., P.A.* **BY JOHN S NORTON, JR., P.A.** DATE: **11/5/04**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000035548
03/31/04-80014-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HARPSTER, FRED M.
STREET ADDRESS	914 N. HALIFAX DR.
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	STD
NAME	MCCOY, LYNN A
STREET ADDRESS	436 N. GRANDVIEW AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	V
NAME	LABREE, MARY LISA
STREET ADDRESS	436 N GRANDVIEW AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	PD
NAME	LITRELL, SUE H
STREET ADDRESS	436 N GRANDVIEW AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(b), 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: *Susan Harpster-Littrell* Date: **01.05.04** Daytime Phone #: **(386) 253-3241**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN HARPSTER-LITRELL