


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90073 006 ***150.00

DOCUMENT # V41491 1. Entity Name HARPSTER ENGINEERING & SURVEYING, INC.					
Principal Place of Business 159 W. GRANADA BLVD ORMOND BEACH, FL 32174			Mailing Address 159 W. GRANADA BLVD ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3125809	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent NORTON, JOHN S JR. P.A 431 N. GRANDVIEW AVENUE DAYTONA BEACH, FL 32118		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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARPSTER, FRED M. 914 N. HALIFAX DR. DAYTONA BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Fred M. Harpster 159 W. Granada Blvd. Ormond Beach, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCOY, LYNN A 159 W. GRANADA BLVD ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LABREE, MARY LISA 159 W. GRANADA BLVD ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LITRELL, SUE H 159 W GRANADA BLVD ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Susan H. McCoy 159 W. Granada Blvd. Ormond Beach, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 H. McCoy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Susan H. McCoy		01/15/08 386/677-9336 <small>Date Daytime Phone #</small>	

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