

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90013 032 ***550.00

DOCUMENT # V61253

1. Entity Name
W. H. HARMS AND ASSOCIATES, INC.



Principal Place of Business
**401 E OSCEOLA ST
SUITE 102
STUART, FL 34995**

Mailing Address
**401 E OSCEOLA ST
SUITE 102
STUART, FL 34995**

44050069



2. Principal Place of Business
4828 N KINGS HWY
Suite, Apt. #, etc.

3. Mailing Address
4828 N KINGS HWY
Suite, Apt. #, etc.

01062004 Chg-P CR2E034 (10/03)

City & State
FT PIERCE
Zip
34951

City & State
FORT PIERCE
Zip
34951

4. FEI Number
65-0351880
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNETT, JANE L.
401 E OSCEOLA ST
SUITE 102
STUART, FL 34995**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARMS, WILLIAM H.
1600 NE DIXIE HWY #6-206
JENSEN BEACH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
QUINLAN, JAMES L.
39466 VILLAGE RUN DR.
NORTHVILLE, MI 48167** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
QUINLAN, KATHERINE A.
39466 VILLAGE RUN DR.
NORTHVILLE, MI 48167** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/04 772-334-2122