


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # V73583
 1. Entity Name
HARVEY'S BISTRO, INC.



Principal Place of Business Mailing Address
390 N. ORANGE AVENUE **P.O. BOX 2066**
ORLANDO, FL 32801 **WINTER PARK, FL 32790-2066 US**

DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3147883 Not Applicable

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

6. Name and Address of Current Registered Agent
SALTSMAN, ROBERT P
222 S. PENNSYLVANIA AVENUE
SUITE 200
WINTER PARK, FL 32789

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

100000462239
 03/21/06-80028-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VALDES, HAL
STREET ADDRESS	2215 TRADEPORT DRIVE
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	VD
NAME	PAGE, ANTHONY S
STREET ADDRESS	2215 TRADEPORT DRIVE
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	VD
NAME	GARCIA, M.A. III
STREET ADDRESS	601 N NEW YORK AVE SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VS
NAME	BARKETT, RUSSELL
STREET ADDRESS	601 N NEW YORK AVE SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  3/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *