

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002132

Entity Name: HARKEN, INCORPORATED**Current Principal Place of Business:**N15W24983 BLUEMOUND RD
PEWAUKEE, WI 53072**Current Mailing Address:**P.O. BOX 7
PEWAUKEE, WI 53072-0007 US**FEI Number:** 39-1086764**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HARVEY, NEIL
11 EVONAIRE CIRCLE
BELLEAIR, FL 33756 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	HARKEN, PETER O
Address	W278 N2931 ROCKY POINT
City-State-Zip:	PEWAUKEE WI 53072

Title	DIRECTOR
Name	EVANS, HEATHER
Address	704 COVENTRY LANE
City-State-Zip:	HARTLAND WI 53029

Title	CFO
Name	JENSEN, JOHN
Address	N15W24983 BLUEMOUND RD
City-State-Zip:	PEWAUKEE WI 53072

Title	DIRECTOR
Name	GOGGINS, BILL
Address	N15W24983 BLUEMOUND RD
City-State-Zip:	PEWAUKEE WI 53072

Title	DIRECTOR
Name	MALEC, MATT
Address	N15W24983 BLUEMOUND RD
City-State-Zip:	PEWAUKEE WI 53072

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN JENSEN**CHIEF FINANCIAL
OFFICER****01/28/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date