


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90017 002 ***150.00

DOCUMENT # J72105
 1. Entity Name
HARR'S SURF & TURF MARKETS, INC.



Principal Place of Business 3235-3237 S.R. 584 PALM HARBOR, FL 34684-3424 US	Mailing Address 3235-3237 S.R. 584 PALM HARBOR, FL 34684-3424 US
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01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2799980	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HARR, ERVIN L
 3235 S.R. 584
 PALM HARBOR, FL 34684

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD HARR, ERVIN 3235 S.R. 584 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HARR, BEVERLY J 3235 S.R. 584 PALM HARBOR, FL 34684
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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: *Beverly J. Harr* Beverly J. HARR 1-10-08 727-785-8873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #