## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P00000085052**

SIGNATURE:



**FILED** Mar 24, 2008 8:00 am

**Secretary of State** 

03-24-2008 90047 050 \*\*\*150.00 HARRELL PROPERTY MANAGEMENT, INC. d Mailing Address Principal Place of Business 4735 SUNBEAM ROAD 4735 SUNBEAM ROAD JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 01082008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1052835 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRELL, WILLIANM Street Address (P.O. Box Number is Not Acceptable) 4735 SUNBEAM ROAD JACKSONVILLE, FL 32-2577 City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change ☐ Addition TITLE HARRELL, WILLIAM NAME HARRELL, WILLIAM NAME 4735 SUNBEAM RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE AYRES, JACK NAME NAME STREET ADDRESS STREET ADDRESS 4735 SUNBEAM JACKSONVILLE, FL 32257 CITY - ST - ZIP CITY-ST-ZIP HARAELE, HOLT Change Addition TITLE ☐ Delete TITLE NAME NAME 4735 SUNBEAM RO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32257 Addition TITLE Delete HAMBLL, RANGE D. NAME NAME STREET ADDRESS STREET ADDRESS 4735 SÚNBĒAM RO CITY-ST-ZIP TACKSONVILLE, FL32257 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE CAPPIELLO, JULIE H. 4735 SYNBEAM RO NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONYILE, FL ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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.