Jul 12 04 12:47p COOK, CPA, PA

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Aug 12, 2004 8:00 am
Secretary of State
08-12-2004 90002 035 ***550.00

2004 ANNUAL REPORT (AR)

DOCUMENT # P03000110492

1. Entity Name: GEORGE HARRIS TRANSPORT, INC.

Principal Place of Business / Mailing Address:
8965 SE. BRIDE Rd. STE 203
HOBE SOUND, FL. 33455

Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

2. Principal Place of Business	3. Mailing Address
SAME	
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

5406766

MOORE CR2E034 (11/03)

4. FEI Number: 32-009 5069 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GEORGE L. HARRIS, JR.
8965 SE. BRIDGE, Rd STE. 203
HOBE SOUND, FL. 33455

7. Name and Address of New Registered Agent
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 N/A
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
Make Check Payable to Florida Department of State

$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GEORGE L. HARRIS, JR PRESIDENT 8965 SE. BRIDGE Rd Ste. 203 HOBE SOUND, FL 33455 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alphonzo D. Preston P.O. Box 111 HOBE SOUND, FLORIDA 33475 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: George Harris 7-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #