## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

## Apr 05, 2007 8:00 am Secretary of State DOCUMENT # P04000092498 04-05-2007 90143 008 \*\*\*150.00 1. Entity Name SUSAN WILLIAMS HARRISON, P.A. Principal Place of Business Mailing Address 820 RITA CIRCLE 820 RITA CIRCLE ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32086 2. Principal Place of Business - No P.O. Box # 3. Mailing Address GRAVE CIR 432 OCEAN 432 OCEAN GROVE CIR Suite, Apt. #, etc. Suite, Apt. #. etc. 03112007 CR2E034 (12/06) Chq-P Applied For 4. FEL Number City & State City & State ST. AUGUSTINE AUGUSTINE 55-0872869 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 32080 080 E E Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRISON, SUSAN WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 820 RITA CIRCLE ST. AUGUSTINE, FL 32086 Zip Code **3 2 0 8 0** City AUGUSTINE 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 Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition PSTD TITLE THILE ☐ Delete HÁRRISON, SUSAN WILLIAMS NAME CIRCLE NAME MABOO 432 STREET ADDRESS 820 RITA CIRCLE STREET ADDRESS 32080 AU GUSTINE CITY-ST-ZIP ST. AUGUSTINE, FL 32086 CITY-S1-ZIP ☐ Change Addition ☐ Delete THTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE ☐ Change Addition TIBLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP 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