2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

DOCUMENT # P05000144465 1. Entity Name JASON L. HARR, P.A.						04-03-2006 90400 018 ***150.00				
Principal Place of Business Mailing Address								500	0805	3
P.O. BOX 12217 DAYTONA BEACH, FL 32120-2217 P.O. BOX 12217 DAYTONA BEACH, FL 32				2120-2217		i teanuai ja	PPIPI BIIII GGM GGM GYM	ri limik mimik d	ltült orala asısı i	FINERI II FEDI
1326 S. Ridgewood Ave.			1326 ScressRidgewood Ave.							
Suite, Apt. #, etc. One			Suite, Apt. #, etc. One		03152006	Chg-P	CR2E	034 (11/05)		
City & State Daytona Beach, Florida			City & State Daytona Beach, Flori		lorida	4. FEI Number 02-0756		 }	pplied For	
Zip 32	2114	Country U.S.A.	Zip 32114	Country U.S.	Α.		of Status Desired		\$8.75 Ad	ditional
6. Name and Address of Current Registered Agent						7. Name and	Address of New Ro	gistered	Agent	
HARR, JASON L					Name Harr, Jason L.					
1630 MASON AVE DAYTONA BEACH, FL 32117				Str			is Not Acceptable	venu	ıe	
					Suite One					
8. The above named entity submits this statement for the purpose of changing its regis					City Daytona Beach FL Zip 32914					
8. The above the obligat	named entit tions of regis	y submits this statement-for tered agent.	the purpose of changing its r	egistered off	ice or register	ed agent, or both	n, in the State of Flo	rida. I am	familiar with	and accept
SIGNATURE 3/24/06										
!	Signature, typed	or printed name of registered agent ar								
]		or priviled notice or registrated again a	nd title if applicable. (NOTE:	Registered Agent	t signature required	when reinstating)		DATE		
		FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campaig	n Financing	\$5.	00 May Be ad to Fees		DATE		
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04

(386) 226-4866