2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-03-2006 90400 018 ***150.00

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DOCUMENT # P05000144465

1. Entity Name
JASON L. HARR, P.A.

Principal Place of Business	Mailing Address
P.O. BOX 12217 DAYTONA BEACH, FL 32120-2217	P.O. BOX 12217 DAYTONA BEACH, FL 32120-2217

03152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1326 S. Ridgewood Ave.		1326 S. Ridgewood Ave.	
Suite, Apt. #, etc. One		Suite, Apt. #, etc. One	
City & State: Daytona Beach, Florida		City & State: Daytona Beach, Florida	
Zip: 32114	Country: U.S.A.	Zip: 32114	Country: U.S.A.

4. FEI Number 02-0756056 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARR, JASON L
1630 MASON AVE.
DAYTONA BEACH, FL 32117

7. Name and Address of New Registered Agent

Name: Harr, Jason L.
Street Address (P.O. Box Number is Not Acceptable): 1326 S. Ridgewood Avenue
Suite One
City: Daytona Beach FL Zip Code 32114

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: [signature] 3/24/06
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, 2006 Fee will be $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 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Treasurer Jason L. Harr 1326 S. Ridgewood Ave., Ste.1 Daytona Beach, FL 32114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 3/24/06 (386) 226-4866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #