


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # V10779	
1. Entity Name HARRIS, GUIDI, ROSNER, DUNLAP & RUDOLPH, P.A.	

Principal Place of Business % ROBERT M. HARRIS 1837 HENDRICKS AVENUE JACKSONVILLE FL 32207	Mailing Address % ROBERT M. HARRIS 1837 HENDRICKS AVENUE JACKSONVILLE FL 32207
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-3103381	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, ROBERT M. 1837 HENDRICKS AVENUE JACKSONVILLE FL 32207	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ (NOTE: Registered Agent signature required when changing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> De-ete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ROBERT M.	NAME	U00000939198
STREET ADDRESS	1837 HENDRICKS AVE	STREET ADDRESS	05/28/08-80012-025 150.00
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> De-ete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSNER, ALAN E.	NAME	
STREET ADDRESS	1837 HENDRICKS AVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> De-ete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDI, DENNIS E	NAME	
STREET ADDRESS	1837 HENDRICKS AVE.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> De-ete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> De-ete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowereds.

SIGNATURE:  **Robert M. Harris** 4/29/08 904-398-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR