

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005272

Entity Name: HARRISON FINANCE COMPANY

FILED
Jan 12, 2004
Secretary of State

Current Principal Place of Business:

19331 N. 12TH STREET
SUITE B
COVINGTON, LA 70433

New Principal Place of Business:

29080 KRENTEL ROAD
SUITE 1
LACOMBE, LA 70452

Current Mailing Address:

19331 N. 12TH STREET
SUITE B
COVINGTON, LA 70433

New Mailing Address:

29080 KRENTEL ROAD
SUITE 1
LACOMBE, LA 70452

FEI Number: 64-0693324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOKES, FLOYD A
2625 BAREFOOT CREEK CIRCLE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLANKENSHIP, CLAUDE S
Address: 201 PIERRE STREET
City-St-Zip: FOLSOM, LA 70437

Title: VP () Delete
Name: STOKES, FLOYD
Address: 2625 BAREFOOT CREEK CR
City-St-Zip: NAVARRE, FL 32566

Title: VP () Delete
Name: NORRIS, DONALD P
Address: 48 52ND STREET
City-St-Zip: GULFPORT, MS 39507

Title: AVP () Delete
Name: MAYO, JEANNE
Address: 12431 THEO BILBO ROAD
City-St-Zip: CARRIERE, MS 39426

Title: ST () Delete
Name: MAYO, JEANNE
Address: 12431 THEO BILBO ROAD
City-St-Zip: CARRIERE, MS 39426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE BLANKENSHIP

P

01/12/2004

Electronic Signature of Signing Officer or Director

Date