# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 01, 2009**
**Secretary of State**

DOCUMENT# 135384

**Entity Name:** HARAS LAND CO

**Current Principal Place of Business:**

HARAS LAND COMPANY STE 2-A
4040 WOODCOCK DRIVE
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

HARAS LAND COMPANY STE 2-A
4040 WOODCOCK DRIVE
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number: 59-0783808** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATSON, GARY E.
STE 2-A 4040 WOODCOCK DRIVE
JACKSONVILLE, FL 32207 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: | VD ( ) Delete |
| Name: | CLARA JANE MCFARLIN |
| Address: | 3239 BRIDGE FIELD DR |
| City-St-Zip: | LAKELAND, FL 33803 |
| Title: | SD ( ) Delete |
| Name: | MILDRED B. COOK |
| Address: | 1040 N.W. 6TH TERR |
| City-St-Zip: | BOCA RATON, FL |
| Title: | TD ( ) Delete |
| Name: | RICHARD F. MCFARLIN |
| Address: | 3239 BRIDGE FIELD DR |
| City-St-Zip: | LAKELAND, FL 33803 |
| Title: | P ( ) Delete |
| Name: | WATSON, GARY |
| Address: | 82844 CHRISTOPHER CREEK RD. NO. |
| City-St-Zip: | JACKSONVILLE, FL 32217 |

**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: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY E WATSON PRES 04/01/2009
Electronic Signature of Signing Officer or Director Date