


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90040 026 ***150.00

DOCUMENT # 198734 1. Entity Name HARRELL'S INC.	
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Principal Place of Business 720 KRAFT RD (33801) P.O. BOX 807 LAKELAND, FL 33802	Mailing Address P.O. BOX 807 LAKELAND, FL 33802 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02032004 Chg-P CR2E034 (10/03)

4. FEI Number 59-0808648	Applied For <input type="checkbox"/> Not Applicable
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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 HARRELL, JACK R 720 KRAFT RD LAKELAND, FL 33801	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	
TITLE	V <input type="checkbox"/> Delete
NAME	HASKINS, RANDY
STREET ADDRESS	6501 CRESCENT LAKE DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	P <input type="checkbox"/> Delete
NAME	HARRELL, JACK R, JR
STREET ADDRESS	1645 HOLLINGSWORTH CREEK
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	C <input checked="" type="checkbox"/> Delete
NAME	HARRELL, JACK R
STREET ADDRESS	1746 HOLLINGSWORTH OAKS
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	V <input type="checkbox"/> Delete
NAME	WILSON, SUSAN
STREET ADDRESS	1740 CLAREDON PL
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D <input type="checkbox"/> Delete
NAME	HARRELL, FRED
STREET ADDRESS	1639 8TH AVE
CITY-ST-ZIP	SAN FRANCISCO, CA 94122
TITLE	D <input type="checkbox"/> Delete
NAME	STRWABRIDGE, MARY LOU
STREET ADDRESS	219 S.E. 54TH COURT
CITY-ST-ZIP	OCALA, FL 34478

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S Norma Harrell
STREET ADDRESS	1746 Hollingsworth Oaks
CITY-ST-ZIP	Lakeland Fl. 33803
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ **2/4/04** **863-687-2771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #