## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 198734**

Entity Name: HARRELL'S INC.

FILED Feb 10, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 720 KRAFT RD (33801) P.O. BOX 807 LAKELAND, FL 33802 **Current Mailing Address: New Mailing Address:** P.O. BOX 807 LAKELAND, FL 33802 US FEI Number: 59-0808648 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRELL, JACK R 720 KRAFT RD LAKELAND, FL 33801 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition HASKINS, RANDY Name: Name: 6501 CRESCENT LAKE DR Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: Title: () Delete () Change () Addition HARRELL, JACK R, JR, Name: Name: 1645 HOLLINGSWORTH CREEK Address: Address: LAKELAND, FL 33803 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition HARRELL, NORMA Name: Name: 1746 HULLINGSWORTH OAKS Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: ( ) Delete Title: () Change () Addition WILSON, SUSAN Name: Name: Address: 1740 CLAREDON PL Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: Title: () Delete () Change () Addition HARRELL, FRED Name: Name: 1639 8TH AVE Address: Address: City-St-Zip: SAN FRANCISCO, CA 94122 City-St-Zip: Title: ( ) Delete Title: () Change () Addition STRWABRIDGE, MARY LOU Name: Name:

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.

Address: City-St-Zip:

SIGNATURE: RANDY HASKINS V 02/10/2005

219 S.E. 54TH COURT

OCALA, FL 34478

Address:

City-St-Zip: