

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 266376

1. Entity Name
HARRISON AUTO PARTS, INC.



FILED

07 APR 30 AM 10:15

CLERK OF STATE
TALLAHASSEE, FLORIDA



04302007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1001788

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, JAMES M.
1419 DENHOLM DR
TALLAHASSEE, FL 32312**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FLEMING, JAN H.**
STREET ADDRESS **508 W. BREVARD ST.**
CITY-ST-ZIP **TALLAHASSEE, FL**

TITLE ☒ Change ☐ Addition
NAME **Lear, Jan H.**
STREET ADDRESS **12633 Eason Crossing Rd**
CITY-ST-ZIP **Thomasville, GA**

TITLE **D** ☐ Delete
NAME **HARRISON, G.H. III**
STREET ADDRESS **2585 OX BOTTOM RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☒ Change ☐ Addition
NAME **3535 N. Meridian Rd**
STREET ADDRESS **Tallahassee, FL 32312**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **HARRISON, JAMES M.**
STREET ADDRESS **1419 DENHOLM DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption's contained 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 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:

James M. Harrison (JAMES M. HARRISON, Pres.) 4/30/07 (850) 297-0153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #