


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 297824</b> 1. Entity Name <b>P.F. HARRIS MFG. CO., INC.</b>					
Principal Place of Business <b>2374 LAKESHORE BOULEVARD JACKSONVILLE, FL 32210</b>			Mailing Address <b>PO BOX 2544 LAGRANGE, GA 30241</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1104670</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GOODMAN, FRANKLIN D 2374 LAKESHORE BLVD JACKSONVILLE, FL 32210</b>				Name <b>Jeremy L. Empe</b> Street Address (P.O. Box Number is Not Acceptable) <b>1062 Highway 497 S</b> City <b>Cantonment</b> <b>FL</b> Zip Code <b>32533</b>	
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 <b>Jeremy L. Empe</b> DATE <b>05-19-06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO SIKES, CHRISTIN L 147 EDMONT DRIVE LAGRANGE, GA 30240</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O SIKES, ALLEN E 647 STITCHER ROAD HOGANSVILLE, GA 30230</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: <b>Christin Lushes</b> DATE <b>05-19-06</b> DAYTIME PHONE # <b>800637 0317</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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LAGRANGE, GA



05192006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

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

Name **Jeremy L. Empe**  
Street Address (P.O. Box Number is Not Acceptable)  
**1062 Highway 497 S**  
City **Cantonment** **FL** Zip Code **32533**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O SIKES, ALLEN E 647 STITCHER ROAD HOGANSVILLE, GA 30230</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: **Christin Lushes** DATE **05-19-06** DAYTIME PHONE # **800637 0317**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR