


FILED
Mar 07, 2008 8:00 am
Secretary of State

01-15-2008 90035 025 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # 329935 1. Entity Name HARRIS REAL ESTATE & ASSOCIATES, INC.	
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Principal Place of Business 6945 103RD ST JACKSONVILLE, FL 32210	Mailing Address 6945 103RD ST JACKSONVILLE, FL 32210
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66002880



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1208369	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

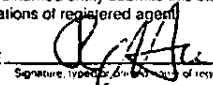
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARRIS, RAYMOND P
6945 103RD ST
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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  DATE **1-10-08**
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when removing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, RAYMOND P 6945 103RD ST JACKSONVILLE, FL 32210
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**DO NOT WRITE
IN THIS SPACE**

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:  DATE **2-29-08**
SIGNATURE AND DATE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #