



FILED
Apr 18, 2005 8:00 am
Secretary of State

50036910

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|---|--|---|---|---|--|
| DOCUMENT # 357137 | |  | | 04-18-2005 90310 041 ***150.00 | |
| 1. Entity Name HARRIS MASONRY CONTRACTORS, INC. | | | | | |
| Principal Place of Business 6665 CHUMUCKLA HIGHWAY PACE, FL 32751 | | Mailing Address 6665 CHUMUCKLA HIGHWAY PACE, FL 32751 | | 50036910 | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03072005 Chg-P CR2E034 (10/03) | |
| City & State | | City & State | | 4. FEI Number 59-1278110 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARRIS, JOHN P. 6663 CHUMUCKLA HIGHWAY PACE, FL 32571 | | 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 re-registering) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HARRIS, JOHN PHIL 6663 CHUMUCKLA HIGHWAY PACE, FL 32571, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD HARRIS, MARBA B. 6663 CHUMUCKLA HIGHWAY PACE, FL 32571, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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: <i>John P. Harris</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | <i>John P. Harris</i> | | April 16-05 850-994-6461 Date Daytime Phone # | |