


2006 FOR PROFIT CORPORATION ANNUAL REPORT

\$150.00 to DEPARTMENT
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 357137

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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



02162006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1278110

5. Certificate of Status Desired ☐ **\$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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 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 000000461671 113/21/06-80004-019 150.00
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 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: *John P. Harris* **John P. Harris** **3-02-06** **850-994-6461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone