


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 360801		
1. Entity Name HARRISON LAND DEVELOPMENT, INC.		
Principal Place of Business 23285 ORANGE AVE FORT PIERCE, FL 34945	Mailing Address 23285 ORANGE AVE FORT PIERCE, FL 34945 US	
DO NOT WRITE IN THIS SPACE		



04182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1369129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

HARRISON, PETER
 24909 ORANGE AVENUE
 FT. PIERCE,, FL 34945

DO NOT WRITE IN THIS SPACE

B. 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000124137 04/22/04-80033-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARRISON, PETER 24909 ORANGE AVE. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST HARRISON, ELAINE 24909 ORANGE AVE. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARRISON, PATRICK 24909 ORANGE AVE. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARRISON, NAT III 24909 ORANGE AVE. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Peter Harrison (Peter Harrison) 4-18-04 772-4658842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #