

**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**



04182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1369129

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐ **\$5.00 May Be
Added to Fees**

U000000124137
04/22/04-80033-009 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter Harrison (Peter Harrison) 4-18-04 772-4658842