


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 369977	
1. Entity Name HARRISON INVESTMENTS, INC.	

Principal Place of Business 1419 DENHOLM DRIVE TALLAHASSEE FL 32312 US	Mailing Address 1419 DENHOLM DRIVE TALLAHASSEE FL 32312 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1373081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRISON, JAMES M., SR. 1419 DENHOLM DR TALLAHASSEE FL 32312	
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
Make Check Payable to Florida Department of State

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 P	<input type="checkbox"/> Delete	TITLE VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRISON, JAMES M		NAME HARRISON, G. H. III	
STREET ADDRESS 1419 DENHOLM DRIVE		STREET ADDRESS 2385 OX BOTTOM RD	
CITY-ST-ZIP TALLAHASSEE FL 32312		CITY-ST-ZIP TALLAHASSEE FL	
TITLE VPD	<input type="checkbox"/> Delete	TITLE VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRISON, G. H. III		NAME HARRISON, G. H. III	
STREET ADDRESS 2385 OX BOTTOM RD		STREET ADDRESS 2385 OX BOTTOM RD	
CITY-ST-ZIP TALLAHASSEE FL		CITY-ST-ZIP TALLAHASSEE FL	
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CITY-ST-ZIP TALLAHASSEE FL		CITY-ST-ZIP TALLAHASSEE FL	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE: *James M. Harrison* **1/30/06** **2970153**

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