2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 08, 2008 08:00 AN **DOCUMENT # 517214 Secretary of State** 1. Entity Name HARRIS ACCOUNTING & TAX SERVICE, INCORPORATED Principal Place of Business Mailing Address 2419 BISPHAM ROAD 2419 BISPHAM ROAD SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Solle, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1694719 Not Applicable Zιρ Country Z_{1D} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRIS, RICHARD L. Street Address (P.O. Box Number is Not Acceptable). 2419 BISPHAM ROAD SARASOTA FL 34231 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 Signature, typed or priored name of registered agent with the flangicable. DATE (NOTE: Registered Agent pignisture required when roughturing) FILE NOW!!! - FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fued Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE PD TITLE Change Addition ☐ Defete HARRIS, RICHARD L. NAME STREET ADDRESS 2419 BISPHAM ROAD STREET ADDRESS CITY-\$T-ZIP SARASOTA FL CITY-ST-789 ☐ Change TITLE Detele Addition U00000820219 NAME 02/18/08-80020-001 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete Change ☐ Addition DAME MAINE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CHY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-7IP TITLE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7(P 12. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or frustee 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR