## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 03, 2004 8:00 am **Secretary of State**

## 03-03-2004 90027 037 \*\*\*150.00 **DOCUMENT # 523580** 1. Entity Name FRED A. HARRISON, JR., P.A. Principal Place of Business Mailing Address 44015165 PO BOX 291975 PO BOX 291975 FT, LAUDERDALE, FL 33329-1975 US FT. LAUDERDALE, FL 33329-1975 US 2. Principal Place of Business 3. Mailing Address Suite, 4244 C. S.E. Morningside Blvd. Apt. #, etc. 02262004 CR2E034 (10/03) City & South St. Lucie, FL 34952-5439, & State 4. FEI Number Applied For 59-1712682 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRED A. HARRISON JR HARRISON, FRED A. JR. Street Address (P2441 NSTE: MOTHINGSIDE Blvd 20326 NE34TH CT DEL VIST MIAMI, FL 33180-3309 Port St. Lucie, FL 34952-5439 City Zip Code 8. The above named entity subp 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 register agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 111 10. 11. Delete TITLE TITLE ☐ Change ☐ Addition HARRISON, FRED JR. NAME NAME 2441 S.E. Morningside blvd. STREET ADDRESS 20326 NE 4TH CT S VISTA STREET ADDRESS Port St. Lucie, FL 34952-5439 CITY-ST-ZIP MIAMI, FL 331803309 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [ ] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is fue and adjurate 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 visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director of the corporation or the receiver or visige appropriate that I am an officer or director o

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