2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

## Feb 17, 2006 8:00 am Secretary of State **DOCUMENT # 551227** 1. Entity Name 02-17-2006 90075 036 \*\*\*150.00 JERRY HARRIS AND ASSOCIATES, INC. Principal Place of Business Mailing Address 5423 AVE 'F' AVE F, AND 2ND STREET P.O. BÓX 107 MCINTOSH FL 32664 P.O. BOX 107 MCINTOSH FL 32664 2. Principal Place of Business 3. Mailing Address P.D.BOX66 5"424 BRENNAN LANE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-1781399 Not Applicable MCINTOSK NETUTOS H Kh Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired U.SA 32660 32664 U5A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, RJ Street Address (P.O. Box Number is Not Acceptable) 5423 AVE 'F' MCINTOSH FL 32664 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 T10. 11. P Change ☐ Addition TITLE ☐ Delete TITLE HARRIS, BRÉNDA F NAME NAME HARRIS, BREWUA F. STREET ADDRESS 5424 B'RENNAN LANE STREET ADDRESS AVE F. AND 2ND STREET MLINTOSH, Fl. 32664 CITY-ST-ZIP MCINTOSH EL CITY-ST-ZIP VΡ ☐ Addition TITLE ☐ Delete HARNS JERRY R. 5424 BRENNAN LAVE HARRIS, JERRY R NAME NAME STREET ADDRESS STREET ADDRESS AVE. F & 2ND STREET MEINTOSA, FL. 32664. CITY-ST-ZIP CITY-ST-ZIP MCINTOSH FL Delete ☐ Change ☐ Addition 1111.5 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITH F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition 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 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 all other like empowered.

ING OFFICER OR DIRECTOR

FILED