

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90014 002 \*\*\*150.00

**DOCUMENT # 551227**

1. Entity Name

JERRY HARRIS AND ASSOCIATES, INC.



Principal Place of Business

5424 BRANNAN LANE  
P.O. BOX 107  
MCINTOSH FL 32664  
US

Mailing Address

P.O. BOX 66  
MCINTOSH FL 32664



2. Principal Place of Business - No P.O. Box #

1415 CR 448 A

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 277

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

LAKE PANASOFFKIE, FL.

City & State

LAKE PANASOFFKIE, FL.

4. FEI Number

59-1781399

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, R J  
5423 AVE F  
MCINTOSH FL 32664

LAKE PANASOFFKIE, FL. 33538

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, BRENDA F	
STREET ADDRESS	5424 BRENNAN LN	1415 CR 448 A
CITY-ST-ZIP	MCINTOSH FL 32664	LAKE PANASOFFKIE FL. 33538
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, JERRY R	
STREET ADDRESS	5424 BRENNAN LN	1415 CR 448 A
CITY-ST-ZIP	MCINTOSH FL 32664	LAKE PANASOFFKIE FL. 33538
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, BRENDA F.	
STREET ADDRESS	1415 CR 448 A	
CITY-ST-ZIP	LAKE PANASOFFKIE, FL. 33538	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JERRY R	
STREET ADDRESS	1415 CR 448 A	
CITY-ST-ZIP	LAKE PANASOFFKIE, FL. 33538	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

**SIGNATURE:** Brenda F. Harris **BRENDA F. HARRIS** 3-24-08 352-875-7399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature File #