

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 594901

1. Entity Name
1770 LAS OLAS CORPORATION



Principal Place of Business
1365 R, SR 206 EAST
SAINT AUGUSTINE, FL 32086

Mailing Address
1365 R, SR 206 EAST
SAINT AUGUSTINE, FL 32086

FILED
Feb 05, 2007 08:00 AM
Secretary of State



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1870168

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, J. R
1365-R SR 206 E
ST.AUGUSTINE, FL 32086

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000622544
02/13/07-80030-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARRIS, J ROGER
STREET ADDRESS 1365 R S R 206 E
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE VD
NAME HARRIS, JAY R
STREET ADDRESS 1365 R, SR 206 EAST
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE DST
NAME HARRIS, CAROL B
STREET ADDRESS 1365 R, SR 206 EAST
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: X J. Roger Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/07

Date

Daytime Phone #

904 794 6898