

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90008 002 ***150.00

DOCUMENT # 666552

1. Entity Name
JIM HARRIS & ASSOCIATES, INC.



Principal Place of Business
**121 EDWARDS LANE
FT WALTON BCH, FL 32548 US**

Mailing Address
**P.O. BOX 2560
FT WALTON BCH, FL 32549-9560 US**

94045799

2. Principal Place of Business
351 Mary Esther BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste#6

City & State
Mary Esther, FL

City & State

02102004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-1983278

Applied For
Not Applicable

Zip
32569

Country
Okaloosa

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, JAMES W.
121 EDWARDS LANE
FT. WALTON BEACH, FL 32548**

7. Name and Address of New Registered Agent

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

James W. Harris

James W. Harris

4-1-04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
HARRIS, JAMES W.
121 EDWARDS LANE
FT. WALTON BCH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**ST
HARRIS, AMANDA A
121 EDWARDS LANE
FT WALTON BCH, FL 00000,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
HARRIS, JAMES W
121 EDWARDS LANE
FT WALTON BEACH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
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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 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 another like empowered.

SIGNATURE:

James W. Harris

4-1-04

850-243-7343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #