

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 674413**

1. Entity Name

HARRAN ENTERPRISES, INC.



Principal Place of Business

701 NORTH DIXIE FREEWAY  
NEW SMYRNA BEACH FL 32168

Mailing Address

701 NORTH DIXIE FREEWAY  
NEW SMYRNA BEACH FL 32168



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-2001288

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KINZEY, MARGARET C.  
658 NEEDLE RUSH ROAD  
PORT ORANGE FL 32127

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	PD	<input type="checkbox"/> Delete
NAME	KINZEY, RANDALL B	
STREET ADDRESS	658 NEEDLERUSH ROAD	
CITY- ST- ZIP	PORT ORANGE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KINZEY, WILLIAM G	
STREET ADDRESS	3548 FOREST BRANCH APT E	
CITY- ST- ZIP	PORT ORANGE FL 32169	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KINZEY, MARGARET C	
STREET ADDRESS	658 NEEDLERUSH ROAD	
CITY- ST- ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINZEY, JASON R	
STREET ADDRESS	658 NEEDLERUSH RD	
CITY- ST- ZIP	PORT ORANGE FL 32169	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000594761	
STREET ADDRESS	01/23/07-80012-020 150.00	
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:

*Margaret Kinzey* Margaret Kinzey

Date

Daytime Phone #

386  
424-9436