

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000005656 1. Entity Name B & F HARRISON HEATING & AIR INC	
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Principal Place of Business 119 E MAIN STREET HARTFORD, AL 36344	Mailing Address 119 E MAIN STREET HARTFORD, AL 36344
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 63-1112577	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRISON, CARMEN 3005-A MAIN STREET VERNON, FL 32462
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**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD HARRISON, BARRY 12580 EAST COUNTY ROAD 4 HARTFORD, AL 36344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HARRISON, CARMEN 12580 EAST COUNTY ROAD 4 HARTFORD, AL 36344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARRISON, DELMAR 2589 N STATE HIGHWAY 123 HARTFORD, AL 36344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/30/07-80042-013 150.00

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: *Delmar Harrison* **Treasurer** **3-7-07** **334-588-3090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #