

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90017 041 ***150.00

DOCUMENT # F05000002086

1. Entity Name
BRUCE HARRIS AND ASSOCIATES, INC.



Principal Place of Business
**21 N. RIVER ST.
BATAVIA, IL 60510**

Mailing Address
**21 N. RIVER ST.
BATAVIA, IL 60510**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006

Chg-P

CR2E034 (11/05)

4. FEI Number

36-4065521

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

**RULAND, ROBERT
3450 W. CROWN POINTE BLVD., SUITE 102
NAPLES, FL 34112**

Name

Ruland, Robert

Street Address (P.O. Box Number is Not Acceptable)

5108 Harrogate Court

City

Naples

FL

Zip Code **34112**

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

Robert Ruland

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HARRIS, BRUCE | |
| STREET ADDRESS | 21 N. RIVER ST. | |
| CITY-ST-ZIP | BATAVIA, IL 60510 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MARY CLAIRE HARRIS | |
| STREET ADDRESS | 21 N. RIVER ST. | |
| CITY-ST-ZIP | BATAVIA, IL 60510 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| 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 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:

Bruce Harris

4-3-06

630-761-0951

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #