

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90165 035 ***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**

10000110



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

36-4065521

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RULAND, ROBERT
5108 HARROGATE CT
NAPLES, FL 34112**

7. Name and Address of New Registered Agent

Name
Bruce Harris

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

3221 S.E. Braemar Way

City
Port St. Lucie

FL

Zip Code
34952

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 reissuing)

DATE

4-10-07

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HARRIS, BRUCE
21 N. RIVER ST.
BATAVIA, IL 60510** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MARY CLAIRE HARRIS
21 N. RIVER ST.
BATAVIA, IL 60510** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07

Date

630-761-0951

Daytime Phone #