

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90152 048 ***150.00

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05242006 Chg-P CR2E034 (11/05)

DOCUMENT # F05000004804					
1. Entity Name HARRIS PUBLISHING SYSTEMS USER GROUP, INC.					
Principal Place of Business 901 6TH ST. DAYTONA BEACH, FL 32117			Mailing Address 901 6TH ST. DAYTONA BEACH, FL 32117		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1471895	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLATT, GARY 901 6TH ST. DAYTONA BEACH, FL 32117			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, MARGARET HICKS		NAME	JEFF	
STREET ADDRESS	292 VAUXHALL BRIDGE RD		STREET ADDRESS	PO BOX 4915	
CITY-ST-ZIP	LONDON, UK SW1V 1AE,		CITY-ST-ZIP	SYRACUSE, NY 13221	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REA, JEFF		NAME	LINCKS BEKI	
STREET ADDRESS	PO BOX 4915		STREET ADDRESS	1320 SW BRADWAY	
CITY-ST-ZIP	SYRACUSE, NY 13221		CITY-ST-ZIP	PORTLAND, OR 97201	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINCKS, BEKI		NAME	Carol Roosa	
STREET ADDRESS	1320 SW BRADWAY		STREET ADDRESS	PO Box 401	
CITY-ST-ZIP	PORTLAND, OR 97201		CITY-ST-ZIP	CAMPBELL HALL, NY 10916	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLATT, GARY		NAME		
STREET ADDRESS	901 6TH ST.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Gary Flatt GARY FLATT, TREASURER 6/1/06 386 - 681-2335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #