

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004910

FILED
Apr 18, 2011
Secretary of State

Entity Name: HARRISON LOAN COMPANY

Current Principal Place of Business:

2510 14TH STREET
GULFPORT, MS 39502

New Principal Place of Business:

2510 14TH STREET
GULFPORT, MS 39501

Current Mailing Address:

PO BOX 4019
GULFPORT, MS 39502

New Mailing Address:

FEI Number: 27-3671141 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV
Name: CHANEY, CARL J
Address: PO BOX 4019
City-St-Zip: GULFPORT, MS 39502

Title: DV
Name: HAIRSTON, JOHN M
Address: PO BOX 4019
City-St-Zip: GULFPORT, MS 39502

Title: D
Name: HILL, RICHARD T
Address: PO BOX 4019
City-St-Zip: GULFPORT, MS 39502

Title: DP
Name: MCCROAN, JAMES
Address: PO BOX 4019
City-St-Zip: GULFPORT, MS 39502

Title: V
Name: MAYO, JEANNE
Address: PO BOX 4019
City-St-Zip: GULFPORT, MS 39502

Title: V
Name: MOORE, KENNY
Address: PO BOX 4019
City-St-Zip: GULFPORT, MS 39502

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARL J CHANEY

DV

04/18/2011

Electronic Signature of Signing Officer or Director

Date