2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 25, 2008 08:00 AN Secretary of State DOCUMENT # F72721 1. Entity Name WARREN L. HARRIS, P.A. Principal Place of Business Mailing Address 304 S. FIELDING AVE. 304 S. FIELDING AVE. TAMPA, FL 33606 TAMPA, FL 33606 CR2E034 (11/05) 02122008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2194809 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRIS, WARREN L DO NOT WRITE 304 S. FIELDING AVE. TAMPA, FL 33606 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 DATE Signature, typed or printed name of registered agent and title if applicable INOTE: Begistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000838546 03/05/08-30032**-02**5 <u> 150.00</u> OFFICERS AND DIRECTORS 10. THE HARRIS, WARREN L NAME STREET ADDRESS 304 SOUTH FIELDING AVE CITY-ST-ZIP TAMPA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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, like empowered.

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED