

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90295 011 ***150.00

DOCUMENT # F93000002241

1. Entity Name
HARRIS SURVEYING AND ENGINEERING COMPANY, INC.



Principal Place of Business
**1202 BAYTREE ROAD
VALDOSTA, GA 31602**

Mailing Address
**1202 BAYTREE ROAD
VALDOSTA, GA 31602**

60026016

2. Principal Place of Business
1207 Baytree Road
Suite, Apt. #, etc.

3. Mailing Address
1207 Baytree Road
Suite, Apt. #, etc.

01122006 Chg-P CR2E034 (11/05)

City & State
Valdosta, GA

City & State
Valdosta, GA

4. FEI Number
58-1678345

Applied For
Not Applicable

Zip
31602

Country

Zip

31602

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOODY, JAMES
4010 N.W. 21ST CIRCLE
JENNINGS, FL 32053**

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HARRIS, ROBIN N
2202 NORTHWOOD CIR
VALDOSTA, GA 31602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPST
HARRIS, ROBIN N
2202 NORTHWOOD CR.
VALDOSTA, GA 31602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

Robin N. Harris **ROBIN N. HARRIS Pres.** 4-6-06 1-229-2449735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #