2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 03, 2005 8:00 am Secretary of State DOCUMENT # F98000005272 08-03-2005 90064 004 ***550.00 1. Entity Name HARRISON FINANCE COMPANY Principal Place of Business Mailing Address 50059737 29080 KRENTEL ROAD 29080 KRENTEL ROAD SUITE 1 SUITE 1 LACOMBE, LA 70452 LACOMBE, LA 70452 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 64-0693324 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Cari STOKES, FLOYD A 2625 BAREFOOT CREEK CIRCLE NAVARRE, FL 32566 Wa 1400 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statem the obligations of registor Signature, typed or pr FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Presiden+ Change TITLE TITLE Delele BLANKENSHIP, CLAUDE S Norris, Donald NAME STREET ADDRESS 201 PIERRE STREET STREET ADDRESS 2510 14th Street FOLSOM, LA 70437 CITY-ST-ZIP CITY-ST-ZIP Gulffor+ , ms 395 DIF VP ☐ Delete TATLE ☐ Addition STOKES, FLOYD "AL" NAME NAME STREET ADDRESS 2625 BAREFOOT CREEK CR STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP Change Defete ☐ Addition TITLE TITLE NORRIS, DONALD P NAME MAME STREET ADDRESS STREET ADDRESS 48 52ND STREET CITY-ST-ZIP GULFPORT, MS 39507 CITY-ST-ZIP Addition TITLE AVP ☐ Delete TITLE MAYO, JEANNE NAME NAME STREET ADDRESS 12431 THEO BILBO ROAD STREET ADDRESS CITY-ST-ZIP CARRIERE, MS 39426 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE MAYO, JEANNE NAME NAME STREET ADDRESS STREET ADDRESS 12431 THEO BILBO ROAD

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CARRIERE, MS 39426

☐ Delete

FILED

☐ Change

■ Addition