


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90222 019 \*\*\*150.00

DOCUMENT # F98000005272					
<b>1. Entity Name</b> HARRISON FINANCE COMPANY					
<b>Principal Place of Business</b> 29080 KRENTEL ROAD SUITE 1 LACOMBE, LA 70452			<b>Mailing Address</b> <del>29080 KRENTEL ROAD</del> <del>SUITE 1</del> <del>LACOMBE, LA 70452</del>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> Attn: Tax Dept P.O. Box 4019			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Gulfport, MS		<b>4. FEI Number</b> 64-0693324	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 39502		Country US		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  CHANEY, CARI J 115-F RACETRACK ROAD NW FORT WALTON BEACH, FL 32547			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOYD, ROBERT 30338 HUNDRED OAKS DR LACOMBE, LA 70445	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McCroan, James 29080 Krentel Road, Ste 1 Lacombe, LA 70452	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOKES, FLOYD "AL" 2625 BAREFOOT CREEK CR NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O+D Chaney, Carl J. 2510 14th Street Gulfport, MS 39501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANN, JACK 6517 SUGAR CREEK MOBILE, AL 36695	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O+D Seal, Leo W Jr 2510 14th St Gulfport, MS 39501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAYO, JEANNE 12431 THEO BILBO ROAD CARRIERE, MS 39426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O+D Schloegel, George A. 2510 14th St Gulfport, MS 39501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAYO, JEANNE 12431 THEO BILBO ROAD CARRIERE, MS 39426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 an officer-like empowered.</b>					
<b>SIGNATURE:</b> <i>Carl J. Chaney</i> VP/director			Date: 4/24/08 Daytime Phone #: 228-868-4727		