

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-10-2008 90023 036 ***150.00

DOCUMENT # G12294 1. Entity Name JACK HARRIS, INC.		
Principal Place of Business % WILLIAM H. HARRIS, JR. 4217 W. SYLVAN RAMBLE ST. TAMPA, FL 33609	Mailing Address % WILLIAM H. HARRIS, JR. 4217 W. SYLVAN RAMBLE ST. TAMPA, FL 33609	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARRIS, WILLIAM H., JR. 4217 WEST SYLVAN RAMBLE STREET TAMPA, FL 33609		DO NOT WRITE 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DP HARRIS JR, WILLIAM H 4217 WEST SYLVAN RAMBLE STREET TAMPA, FL 00000.	
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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: <u>William H Harris</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William H Harris		<u>4/25/2008</u> <u>813-208-0535</u> Date Daytime Phone #

03162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2243500	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**