

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90007 048 ***150.00

DOCUMENT # G24879

1. Entity Name
EDWARDS-SLEEPER-HARRIS LAND COMPANY



Principal Place of Business Mailing Address
1038 - 40TH AVE. N. **1038 - 40TH AVE. N.**
ST. PETERSBURG, FL 33703 **ST. PETERSBURG, FL 33703**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

40047602



02112008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-2385365 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEW, JOHN ESQ.
1700 66TH STREET NORTH, SUITE 403
SAINT PETERSBURG, FL 33710

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, NORMA JEAN		NAME		
STREET ADDRESS	1038 - 40TH AVE. N.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33703		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, LAURIE L		NAME		
STREET ADDRESS	1018 MONTEREY BLVD. NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROUX, KIMBERLY A		NAME	Groux, Kimberly A.	
STREET ADDRESS	500 23RD AVE N		STREET ADDRESS	1038 - 40th Ave. N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, W. PAGE III		NAME		
STREET ADDRESS	1248 79TH STREET SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 337070		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Norma Jean Harris - Pres. Date: 03/12/08 Daytime Phone #: 727-526-7124