

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60552

FILED
Mar 07, 2005
Secretary of State

Entity Name: HARRELL AND ASSOCIATES INSURANCE AGENCY INC.

Current Principal Place of Business:

234 SPORTSMAN DR.
WELAKA, FL 32193 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1151
WELAKA, FL 32193 US

New Mailing Address:

FEI Number: 59-2329691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRELL, T. CARL
1043 SEABREEZE
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

HARRELL, T. CARL
P. O. BOX 1021
WELAKA, FL 32193 US

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.

SIGNATURE:

03/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRELL, T. CARL,
Address: 1043 SEABREEZE AVE
City-St-Zip: JACKSONVILLE BCH, FL

Title: VP () Delete
Name: HARRELL, JOAN R.,
Address: 1043 SEABREEZE AVE
City-St-Zip: JACKSONVILLE BCH, FL

Title: T () Delete
Name: HARRELL, RANDALL D.,
Address: 1043 SEABREEZE AVE
City-St-Zip: JACKSONVILLE BCH, FL

Title: S () Delete
Name: OSHMAN, LISA L
Address: 1043 SEABREEZE AVE
City-St-Zip: JACKSONVILLE BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRELL, T. CARL,
Address: P. O. BOX 1021
City-St-Zip: WELAKA, FL 32193

Title: VP (X) Change () Addition
Name: HARRELL, JOAN R.,
Address: P. O. BOX 1021
City-St-Zip: WELAKA, FL 32193

Title: T (X) Change () Addition
Name: HARRELL, RANDALL D.,
Address: 1043 SEABREEZE AVE
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: S (X) Change () Addition
Name: OSHMAN, LISA L
Address: 1043 SEABREEZE AVE
City-St-Zip: JACKSONVILLE BCH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. CARL HARRELL

PD

03/07/2005

Electronic Signature of Signing Officer or Director

Date