

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60552

FILED  
Mar 17, 2006  
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:

14181 BEACH BLVD.  
SUITE 5  
JACKSONVILLE, FL 32250 US

## Current Mailing Address:

P.O. BOX 1151  
WELAKA, FL 32193 US

## New Mailing Address:

14181 BEACH BLVD  
SUITE 5  
JACKSONVILLE, FL 32250 US

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  
P. O. BOX 1021  
WELAKA, FL 32193 US

## Name and Address of New Registered Agent:

HARRELL, T. CARL  
14181 BEACH BLVD.  
SUITE 5  
JACKSONVILLE, FL 32250 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:

03/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: OSHMAN, LISA L  
Address: 1168 RAVENSCROFT LANE  
City-St-Zip: ST AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

03/17/2006

Electronic Signature of Signing Officer or Director

Date