

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60552

FILED
Mar 20, 2007
Secretary of State

Entity Name: HARRELL AND ASSOCIATES INSURANCE AGENCY INC.

Current Principal Place of Business:

14181 BEACH BLVD.
SUITE 5
JACKSONVILLE, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

14181 BEACH BLVD
SUITE 5
JACKSONVILLE, FL 32250 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
14181 BEACH BLVD.
SUITE 5
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

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: _____

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: 1168 RAVENSCROFT LANE
City-St-Zip: ST AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: HARRELL, RANDALL D.,
Address: 116 TRAIL RIDGE DR.
City-St-Zip: HENDERSON, TN 37075

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

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: THOMAS CARL HARRELL

PRES

03/20/2007

Electronic Signature of Signing Officer or Director

_____ Date