


1/23

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G64356</b> 1. Entity Name HARRISON, SALE, MCCLOY & THOMPSON, CHARTERED	
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Principal Place of Business  
C/O DOUGLAS J. SALE  
304 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401

Mailing Address  
C/O DOUGLAS J. SALE  
304 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2341735	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

SALE, DOUGLAS J.  
304 MAGNOLIA AVE.  
PANAMA CITY, FL 32401

**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 reinstating)

DATE

*Ross McCloy*

1-22-2004

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	TD SALE, DOUGLAS 333 BUNKERS COVE RD. PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, FRANKLIN R. 2877 TUPELO DR PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, ALAN 1109 FLORIDA AVE. LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLOY, ROSS 1118 W BEACH DR PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400000011084  
01/23/04-80023-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Ross McCloy*

1-22-2004 850-769-3434