

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # G64356 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
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DO NOT WRITE IN THIS SPACE


01052005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-2341735 Applied For Not Applicable
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.

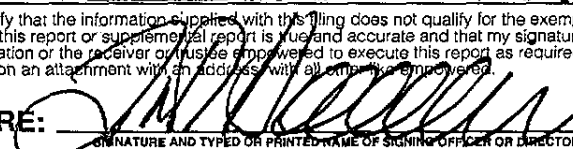
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	UN00000276429 03/25/05-80039-015 150.00
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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	

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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 entities I am empowered.

SIGNATURE:  3/24/2005 850-769-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FRANKLIN R. HARRISON, PRESIDENT & DIRECTOR