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

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

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

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

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

U00000276429
03/25/05-80039-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SALE, DOUGLAS
STREET ADDRESS	333 BUNKERS COVE RD.
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	PD
NAME	HARRISON, FRANKLIN R.
STREET ADDRESS	2877 TUPELO DR
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	SD
NAME	THOMPSON, ALAN
STREET ADDRESS	1109 FLORIDA AVE.
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	VD
NAME	MCCLOY, ROSS
STREET ADDRESS	1118 W BEACH DR
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 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