
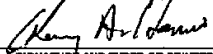


Jan 11,  
Secr

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # H20571</b>		
1. Entity Name <b>HENRY A. HARRIS, INC.</b>		
Principal Place of Business <b>1447 REDBUD LN JACKSONVILLE, FL 32207 US</b>		Mailing Address <b>1447 REDBUD LN JACKSONVILLE, FL 32207 US</b>
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  <b>HARRIS, HENRY A. 1447 REDBUD LANE JACKSONVILLE, FL 32207</b>		01102005    No Chg-P    CR2E034 (10/03)
		4. FEI Number <b>59-2443711</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Applied For Not Applicable
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARRIS, HENRY A. 1447 REDBUD LN. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST HARRIS, HENRY A. 1447 REDBUD LANE JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		01/09/2005    904-739-2918
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date      Daytime Phone #</small>