


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90142 031 ***150.00

DOCUMENT # H56593 1. Entity Name HARRISON DEVELOPMENT COMPANY, INC.	
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Principal Place of Business C/O W. G. HARRISON 1012 W. 11TH STREET PANAMA CITY, FL 32401	Mailing Address C/O W. G. HARRISON 1012 W. 11TH STREET PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2546248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRISON, W. G. 1012 W. 11TH STREET PANAMA CITY, FL 32401	DO NOT WRITE IN THIS SPACE
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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 W. G. Harrison (W. G. Harrison) DATE 2/17/05

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	DP HARRISON, W. G. 336 BUNKERS COVE RD PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRISON, JUNE R. 336 BUNKERS COVE RD PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: W. G. Harrison W. G. Harrison DATE 2/17/05 DAYTIME PHONE # 850-763-6782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #