


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # H75146 1. Entity Name TERESA H. HARRISON, P.A. |  |
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|--|--|
| Principal Place of Business 240 S. PINEAPPLE AVE. SUITE 704 SARASOTA, FL 34236 US | Mailing Address 240 S. PINEAPPLE AVE. SUITE 704 SARASOTA, FL 34236 US |
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01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-2575361 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

HARRISON, TERESA H
240 S. PINEAPPLE AVE.
SUITE 704
SARASOTA, FL 34236

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000600751
01/26/07-80023-012 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPVP HARRISON, TERESA H 3353 HIGEL AVE. SARASOTA, FL 34242 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS HARRISON, TERESA H 3353 HIGEL AVE. SARASOTA, FL 34242 |
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:


TERESA H. HARRISON

1/22/07 941-349-0771
Date Daytime Phone #