

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90079 031 ***150.00

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1. Entity Name
HARRELL ENERGY CORPORATION



Principal Place of Business
**307 S. PALAFOX ST.
P.O. BOX 1032
PENSACOLA, FL 32501 US**

Mailing Address
**P. O. BOX 13430
PENSACOLA, FL 32591 US**

DO NOT WRITE IN THIS SPACE

02072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2619803

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRELL, CHARLES MINER
307 SOUTH PALAFOX STREET
PENSACOLA, FL 32501**

**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**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HARRELL, FRANCES D.
STREET ADDRESS	2660 N MAGNOLIA AVE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	PD
NAME	HARRELL, CHARLES MINER
STREET ADDRESS	307 SOUTH PALAFOX STREET
CITY-ST-ZIP	PENSACOLA, FL
TITLE	VD
NAME	JACOBI, ANNE HARRELL
STREET ADDRESS	1317 E GADSDEN
CITY-ST-ZIP	PENSACOLA, FL
TITLE	STD
NAME	JACOBI, DAVID W.
STREET ADDRESS	1317 E. GADSDEN
CITY-ST-ZIP	PENSACOLA, FL
TITLE	VD
NAME	HARRELL, WILLIAM D.
STREET ADDRESS	2246 OXFORD PLACE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	VD
NAME	BALINK, ADELE HARRELL
STREET ADDRESS	2510 HEATHROW DR
CITY-ST-ZIP	COLORADO SPRINGS, CO 80920

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Miner Harrell President

3/2/05 (850) 438-1111
Date Daytime Phone #