

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90105 020 ***150.00

DOCUMENT # H77691

1. Entity Name
HARRELL ENERGY CORPORATION



Principal Place of Business
**307 S. PALAFOX ST.
PENSACOLA, FL 32501 US**

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



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W. Jacobi
David W. Jacobi

4/21/08
Date

850-261-2796
Daytime Phone #