2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# H77691

Entity Name: HARRELL ENERGY CORPORATION

Current Principal Place of Business:

307 S. PALAFOX ST.
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 13430
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: 59-2619803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	HARRELL, FRANCES D.,	
Address:	2660 N MAGNOLIA AVE	
City-St-Zip:	PENSACOLA, FL	
Title:	PD	( ) Delete
Name:	HARRELL, CHARLES MINER	
Address:	307 SOUTH PALAFOX STREET	
City-St-Zip:	PENSACOLA, FL	
Title:	VD	( ) Delete
Name:	JACOBI, ANNE HARRELL,	
Address:	1317 E GADSDEN	
City-St-Zip:	PENSACOLA, FL	
Title:	STD	( ) Delete
Name:	JACOBI, DAVID W.,	
Address:	1317 E. GADSDEN	
City-St-Zip:	PENSACOLA, FL	
Title:	VD	( ) Delete
Name:	HARRELL, WILLIAM D.,	
Address:	2246 OXFORD PLACE	
City-St-Zip:	PENSACOLA, FL	
Title:	VD	( ) Delete
Name:	BALINK, ADELE HARREL, L	
Address:	2510 HEATHROW DR	
City-St-Zip:	COLORADO SPRINGS, CO 80920	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W JACOBI STD 02/04/2009

Electronic Signature of Signing Officer or Director Date