

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J34798

FILED
Jan 15, 2007
Secretary of State

Entity Name: HARRIS OIL AND AIR CONDITIONING, INC.

Current Principal Place of Business:

21901 US HWY 441
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

% DEL G. POTTER
308 E. FIFTH AVENUE
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-2727370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTTER, DEL G.
308 E. FIFTH AVENUE
MOUNT DORA, FL 32757 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: DVP () Delete
Name: HARRIS, JEAN M.,
Address: 22547 WOLF BRANCH ROAD
City-St-Zip: SORRENTO, FL 32776

Title: DP () Delete
Name: HARRIS, JAMES C. III,
Address: 22547 WOLF BRANCH ROAD
City-St-Zip: SORRENTO, FL 32776

Title: DT () Delete
Name: HARRIS-BURFORD, NANCY
Address: 22547 WOLF BRANCH ROAD
City-St-Zip: SORRENTO, FL 32776

Title: DS () Delete
Name: BROWN, KELLEY
Address: 22605 WOLF BRANCH ROAD
City-St-Zip: SORRENTO, FL 32776

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY HARRIS BURFORD

DT

01/15/2007

Electronic Signature of Signing Officer or Director

_____ Date