

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J34798

FILED  
Feb 05, 2009  
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:**

21901 U S HIGHWAY 441  
MOUNT DORA, FL 32757

**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:**

HARRIS, JAMES C III  
21901 U S HIGHWAY 441  
MOUNT DORA, FL 32757 US

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: JAMES C HARRIS III

02/05/2009

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 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

02/05/2009

Electronic Signature of Signing Officer or Director

Date