

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # J42789 1. Entity Name BOB HARRELL PROPERTIES, INC.		
Principal Place of Business % ROBERT S. HARRELL 5300 S. ORANGE AVE. ORLANDO, FL 32809	Mailing Address % ROBERT S. HARRELL 5300 S. ORANGE AVE. ORLANDO, FL 32809	



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2757045	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARRELL, ROBERT S.
5300 S. ORANGE AVE.
ORLANDO, FL 32809**

**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)

1100000212345

02/12/08-80046-003 150.00

**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	D
NAME	HARRELL, ROBERT S.
STREET ADDRESS	2800 TRENTWOOD BLVD.
CITY-ST-ZIP	ORLANDO, FL
TITLE	DV
NAME	HARRELL, RUTH
STREET ADDRESS	2800 TRENTWOOD BLVD.
CITY-ST-ZIP	ORLANDO, FL
TITLE	VP
NAME	JONES-HARRELL, YOLONDA
STREET ADDRESS	5300 S. ORANGE AVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VP
NAME	DE MAO, CLAUDIA
STREET ADDRESS	5800 SOUTH ORANGE AVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Claudia De Mao*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claudia De Mao

Jan 30, 2008

Date

407-859-2601

Daytime Phone #