


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # K55019 1. Entity Name HARRELL, SMITH AND WARREN CORP. |  |
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|---|---|
| Principal Place of Business % ROBERT HARRELL 5300 S ORANGE AVE ORLANDO, FL 32809 | Mailing Address % ROBERT HARRELL 5300 S ORANGE AVE ORLANDO, FL 32809 |
|---|---|



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2935411 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HARRELL, ROBERT 5300 S ORANGE AVE ORLANDO, FL 32809 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WARREN, JOHN 4200 INWOOD LANDING DR ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRELL, ROBERT 2800 TRENTWOOD BOULEVARD ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, W ROGER 601 LK HARBOR CIR ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/07/06-80053-002 158.75

**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

1/23/06 4078592001
Date Daytime Phone #