2006 FOR PROFIT CORPORATION

ANNUAL REPORT Jan 20, 2006 08:00 AM DOCUMENT # K98932 **Secretary of State** 1. Entity Name HARRIS SPREADER SERVICE, INC. Principal Place of Business Mailing Address P.O. BOX 250 377 EAST END ROAD SAN MATEO, FL 32187 SAN MATEO, FL 32187 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2957388 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PICKENS, JOE H. DO NOT WRITE 222 N 3RD ST PALATKA, FL 32177 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 Signature, typed or printed name of registered agent and title if smollceble U00000391785 Election Campaign Financing \$5.00 May Be FILE NOW!(! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/24/06-80055-005 150.00 OFFICERS AND DIRECTORS 10. nn F HARRIS, MICHAEL NAME EST END RD P.O. BOX 250 STREET ADDRESS COTY-ST-ZIP SAN MATEO, FL STD IIILE HARRIS, RETA G. NAME STREET ADDRESS 1517 HIGH ST CITY-ST-ZIE PALATKA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET CADDRESS CITY-ST-ZIP nneNAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 end that my signature shall have the same legal effect as if made under cett, 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:

CITY-ST-7P

LEA DANNIE RETA GHARRÍS
UCHATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTION

1-16-06

386-328-0452

Daytime Phone #

FILED