2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M88192

1. Entity Name HARRIS & COMPANY, INC.



FILED
May 03, 2007 08:00 A
Secretary of State

Principal Place of Business

3005 STATE ROAD 590, STE 200 CLEARWATER, FL 33759 US

Mailing Address

3005 STATE ROAD 590, STE 200 CLEARWATER, FL 33759 US



DO NOT WRITE IN THIS SPACE

04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2893532 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, MARSHALL S. 3005 SR 590 STE 200 CLEARWATER, FL 33759

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pi ions of registered agent.	urpose of changing its re-	gistered office or	registered agent, or be	oth, in the State of Florida	i. I am famili	ar with, and a	ccept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: P.	legistered Agent signatu	re required when reinstaling)		DATE		_
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5,00 May Be Added to Fees		U00000759 05/24/07-800	495 45-016	150.00		
10.	OFFICERS AND DIREC	TORS					. 1,	4.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARRIS, MARSHALL S. 3005 SE 590, STE 200 CLEARWATER, FL 33759			•		•		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	DO	NOT WR	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPA	CE		,

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 makes 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Daytime Phone #