


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90045 043 ****61.25

DOCUMENT # N37147 1. Entity Name HARRIS USERS GROUP, INC.					
Principal Place of Business % DIANE CONSTANTINO 1301 34TH STREET NORTH ST. PETERSBURG, FL 33713 US			Mailing Address % DIANE CONSTANTINO 1301 34TH STREET NORTH ST. PETERSBURG, FL 33713 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3005713	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CONSTANTINO, DIANE E. 1301-34TH STREET NORTH ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Diane Constantino</i></u> <u>3/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	STD	<input type="checkbox"/> Delete			
NAME	CONSTANTINO, DIANE				
STREET ADDRESS	1301 34TH ST. N				
CITY-ST-ZIP	ST. PETERSBURG, FL				
TITLE	D	<input type="checkbox"/> Delete			
NAME	TUNING, LUCAS				
STREET ADDRESS	201 WEST CAMPBELL AVE.				
CITY-ST-ZIP	ROANOKE, VA. 24010				
TITLE	D	<input type="checkbox"/> Delete			
NAME	COLE, FRANCES				
STREET ADDRESS	P.O. BOX 22000				
CITY-ST-ZIP	RENO, NV 89520				
TITLE	D	<input type="checkbox"/> Delete			
NAME	KNIGHT, BILL				
STREET ADDRESS	8460 TIMES DISPATCH BLVD				
CITY-ST-ZIP	RICHMOND, VA 23111				
TITLE	D	<input type="checkbox"/> Delete			
NAME	RIORDON, MIKE				
STREET ADDRESS	PO BOX 70				
CITY-ST-ZIP	LAS VEGAS, NA 89125				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	Director				<input checked="" type="checkbox"/> Addition
NAME	Bryan Robbins				
STREET ADDRESS	P.O. Box 957				
CITY-ST-ZIP	Des Moines, Iowa 50304				
TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <u><i>Diane Constantino Sec/Treas.</i></u> <u>3/21/05</u> <u>727-322-6955</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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