
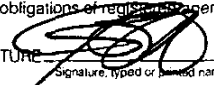
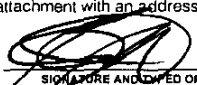


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90019 043 ***550.00

DOCUMENT # P00000026761 1. Entity Name R. HARRISON HOLDINGS, INC.					
Principal Place of Business 200 S BABCOCK STREET MELBOURNE, FL 32901-1210 US			Mailing Address 200 S BABCOCK STREET MELBOURNE, FL 32901-1210 US		
2. Principal Place of Business - No P.O. Box # 2273 PINEAPPLE AVE.		3. Mailing Address 2273 PINEAPPLE AVE.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MELBOURNE, FL		City & State MELBOURNE, FL		4. FEI Number 59-3634820	
Zip 32935		Country BREVARD		Applied For <input type="checkbox"/> Not Applicable	
Zip 32935		Country BREVARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRISON, ROBERT B 200 S BABCOCK STREET MELBOURNE, FL 32901-1210				7. Name and Address of New Registered Agent Name HARRISON, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 2273 PINEAPPLE AVENUE City MELBOURNE FL 32935	
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:  ROBERT B. HARRISON <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 5-19-07	
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF		
TITLE P NAME HARRISON, ROBERT B STREET ADDRESS 200 S BABCOCK STREET CITY - ST - ZIP MELBOURNE, FL 329011210	<input type="checkbox"/> Delete		TITLE P NAME HARRISON, ROBERT B. STREET ADDRESS 2273 PINEAPPLE AVENUE CITY - ST - ZIP MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME SIMMONS, MOLLY E STREET ADDRESS 200 S BABCOCK STREET CITY - ST - ZIP MELBOURNE, FL 329011210	<input checked="" type="checkbox"/> Delete		TITLE ST NAME HARRISON, SUSAN D. STREET ADDRESS 2273 PINEAPPLE AVENUE CITY - ST - ZIP MELBOURNE, FL 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  ROBERT B. HARRISON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 5-19-08 (321)2885397 <small>Daytime Phone #</small>	

50005608



05192008 Chg-P CR2E034 (12/06)