## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2007 08:00 AM Secretary of State

DOCUMENT # P00000092232  1. Enuty Name HARRIS BROWN, P.A.				560	cretary o	i State
Principal Place of Business 6 EAST BAY STREET SUITE 301 IACKSONVILLE, FL 32202	Mailing Address 6 EAST BAY STREET SUITE 301 JACKSONVILLE, FL 32202	-		<b>   1</b>	SII 85XX NUN IINX NX 0	
DO NOT WRITE IN THIS SPA		CE	01262007 4. FEI Numb 59-368	No Chg-P	□ \$8.75	Applied For Not Applicable Additional
6. Name and Address of Curre	nt Registered Agent				Fee Requ	ired
BROWN, HARRIS 6 EAST BAY STREET SUITE 301 JACKSONVILLE, FL 32202		DO NOT WRITE IN THIS SPACE				
The above named entity submits this statement the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered age.		red office of regis		ith, in the State of Fi	orida. I am familiar w	ith, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$55(	9. Election Campaign Fine Trust Fund Contribution		5.00 May Be dded to Fees			
	D DIRECTORS					
ITTLE D  NAME BROWN, HARRIS  STREET ADDRESS 6 E BAY ST., STE 301  CITY-ST-ZIP JACKSONVILLE, FL 32202						
TITLE NAME STREET ADDRESS			:	00000 02/06/07	0614079 -80011-018	150.00

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

INTLE
NAME
STREET ADDRESS
CITY-ST-2IP
INTLE
NAME
STREET ADDRESS
CHY-ST-ZIP
INTLE
NAME
STREET ADDRESS
CHY-ST-ZIP
CITTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 585798