## 2004 FOR PROFIT CORPORATION

## Jan 30, 2004 8:00 am Secretary of State ANNUAL REPORT 01-30-2004 90073 019 \*\*\*150.00 **DOCUMENT # P01000026667** RALPH HARRELL ENTERPRISES, INC. 94007432 Principal Place of Business Mailing Address 340 POLLYWOG POINT 340 POLLYWOG POINT LABELLE, FL 33935 LABELLE, FL 33935 01212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1087655 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRELL, RALPH M DO NOT WRITE 340 POLLYWOG POINT LABELLE, FL 33935 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HARRELL, RALPH H NAME STREET ADDRESS 340 POLLYWOG POINT CITY-ST-ZIP LABELLE, FL 33935 TITLE NAME HARRELL, RALPH H STREET ADDRESS 340 POLLYWOG POINT CITY-ST-ZIP LABELLE, FL 33935 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**