


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000045303 1. Entity Name MEHARCO, INC.	
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Principal Place of Business 6600 N. DAVIS HWY PENSACOLA, FL 32504	Mailing Address 6600 NORTH DAVIS HIGHWAY PENSACOLA, FL 32504
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DO NOT WRITE IN THIS SPACE



05062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3715789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRIS, AMANDA L 4906 BERKELEY FOREST BLVD GULF BREEZE, FL 32563	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, STEPHEN W 4906 BERKELEY FOREST BLVD GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, AMANDA L 4906 BERKELEY FOREST BLVD GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, AMANDA L 4906 BERKELEY FOREST BLVD GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, STEPHEN W 4906 BERKELEY FOREST BLVD GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Amanda L Harris 5/6/08 850-474-6343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #