
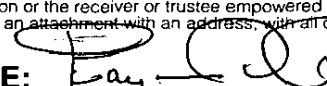


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90086 003 ***150.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # P02000036912 1. Entity Name R. G. HARRIS CONSTRUCTION CORP. | | | |  | |
| Principal Place of Business 5108 INAGUA WAY NAPLES FL 34119 | | | Mailing Address PO BOX 1147 MARCO ISLAND FL 34146 | | |
| 2. Principal Place of Business 5108 INAGUA Way | | 3. Mailing Address P.O. Box 1147 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. W | | | |
| City & State NAPLES, FLA | | City & State MARCO Island, FLA | | 4. FEI Number 02-0589735 | |
| Zip 34119 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 34119 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROSS, DONALD K JR 2640 GOLDEN GATE PARKWAY SUITE 206 NAPLES FL 34105 | | | 7. Name and Address of New Registered Agent Name N/A 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 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 IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVS HARRIS, RAYMOND G PO BOX 1147 MARCO ISLAND FL 34146 <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 | |
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| 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 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 changed, or on an attachment with an address, with all other like empowered. | | | ch # 7356 \$150.00 1/27/08 | | |
| SIGNATURE:  Pres. | | | 1/27/04 (239) 514-4478 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |



MOORE CR2E034 (11/03)