

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075610

FILED
Mar 23, 2005
Secretary of State

Entity Name: CLARISSA E. HARRELL, P.A.

Current Principal Place of Business:

33 SUNTREE PL
STE D
MELBOURNE, FL 32940

New Principal Place of Business:

1329 BEDFORD DRIVE
STE 1
MELBOURNE, FL 32940

Current Mailing Address:

33 SUNTREE PL
STE D
MELBOURNE, FL 32940

New Mailing Address:

1329 BEDFORD DRIVE
STE 1
MELBOURNE, FL 32940

FEI Number: 03-0471546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRELL, CLARISSA E
33 SUNTREE PL STE D
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

HARRELL, CLARISSA E
1329 BEDFORD DRIVE
STE 1
MELBOURNE, FL 32940 US

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.

SIGNATURE:

03/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRELL, CLARISSA E
Address: 33 SUNTREE PL STE D
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRELL, CLARISSA E
Address: 1329 BEDFORD DRIVE, STE. 1
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARISSA E. HARRELL

PD

03/23/2005

Electronic Signature of Signing Officer or Director

Date