## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90312 022 \*\*\*150.00

DOCUMENT # P02000087800  1. Entity Name HARRELL ENTERPRISES, INC.						04-27-2003	90312 02	2 130	,,,,,
Principal Place of Business 200 GREEN DRIVE PALATKA, FL 32177		Mailing Address 200 GREEN DRIVE PALATKA, FL 32177							
Principal Place of Business     Mailing Address									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State		4. FEI Number 05-0535	133		<u> </u>	olied For Applicable	
Zip	Country	Zip	Cour	itry		Status Desired		8.75 Addi	tional
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R			
TAYLOR, JAMES J JR.				Name					
1 AYLOR, JAMES J JR. 1 420 S. LAWRENCE BOULEVARD 1 KEYSTONE HEIGHTS, FL 32656			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									
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS 11.			····	ADDITIONS/C	HANGES TO OFF	ICERS AND			
TITLE NAME	P HARRELL, LEONA	☐ Delete	TITL					Change	☐ Addition
STREET ADORESS	ADDRESS 200 GREEN DRIVE ST		STR	EET ADDRESS		•			
CITY-SI-ZIP	PALATKA, FL 32177         CIT           V         □ Delete         1III		r-ST-ZIP		nam .	<del>-</del> -	☐ Change	☐ Addition	
NAME	HARRELL, DALE		- 1				change		
STREET ADDRESS CITY-ST-ZIP	200 GREEN DRIVE			EET ADORESS					
TITLE	PALATKA, FL 32177 ST	<b>⊠</b> Delete	TITL	Y-ST-ZIP				☐ Change	☐ Addition
NAME	HARRELL, SHARI	<b>₽</b> Delete	NAM					Onlings	
STREET ADDRESS CITY-ST-ZIP	200 GREEN DRIVE			eet address= /-st-zip					
TITLE	PALATKA, FL 32177	☐ Delete	TITI	<del></del>				☐ Change	☐ Addition
NAME			NAJ	<b>I</b>					
STREET ADDRESS CITY-ST-ZIP				IEET ADORESS Y-ST-ZIP					
TITLE		☐ Delete	TITI					☐ Change	Addition
NAME STREET ADDRESS			NAI	ME BEET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ Delete	τn	•				☐ Change	Addilion
NAME STREET ADDRESS			NAI STE	ME REET ADDRESS					l
CITY-\$T+ZIP				Y-ST-ZIP					
12. I hereby	certify that the information supplied w	gith this filing does not qualify to	or the ex-	emption stated in S	Section 119 07(3)/i	Florida Statutes	I further cer	ify that the i	nformation

Indicated on this report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. Internet 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.