


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000102280</b> 1. Entity Name HARRISON, ROBINSON & TAYLOR, INC.	
---	---

Principal Place of Business 501 DANUBE AVENUE TAMPA, FL 33606 US	Mailing Address 501 DANUBE AVENUE TAMPA, FL 33606 US
--	--



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2298009	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HARRISON, HAROLD E JR  
220 W 109TH AVE  
TAMPA, FL 33612-6609

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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAYLOR, H. RICHARD 501 DANUBE AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARRISON, HAROLD E JR 220 W 109TH AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROBINSON, DAVID 500 N FRANCISCO ST #203 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000131909  
04/27/04-80023-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Harold E. Harrison Jr. **HAROLD E. HARRISON, JR. 4-23-04 813-250-9156**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #