

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000102280

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



04222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2298009

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN0000532803
05/06/06-80098-012 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME TAYLOR, H. RICHARD
STREET ADDRESS 501 DANUBE AVENUE
CITY - ST - ZIP TAMPA, FL 33606

TITLE VP
NAME HARRISON, HAROLD E JR
STREET ADDRESS 220 W 109TH AVE
CITY - ST - ZIP TAMPA, FL 33612

TITLE S
NAME ROBINSON, DAVID
STREET ADDRESS 500 N FRANCISCO ST #203
CITY - ST - ZIP CLEWISTON, FL 33440

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Harold E Harrison Jr HAROLD E HARRISON, JR. 4-22-06 813-250-9156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #