


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90070 021 ***150.00

DOCUMENT # P02000109059
1. Entity Name
HARRISON DIESEL SERVICE, INC.



Principal Place of Business
**225 CARL FLOYD RD
WINTER HAVEN FL 33884**

Mailing Address
**225 CARL FLOYD RD
WINTER HAVEN FL 33884**



2. Principal Place of Business
225 Carl Floyd Rd
Suite, Apt. #, etc.

3. Mailing Address
2100 Jonathan Lane
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
Winter Haven, FL

City & State
Winter Haven, FL

Zip
33884 Country
USA

Zip
33884 Country
USA

4. FEI Number
54-2079654

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRISON, BILLY H
225 CARL FLOYD RD
WINTER HAVEN, FL 33884**

7. Name and Address of New Registered Agent

Name _____

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 *Bill Harrison* **BILL HARRISON** 2/06/2006
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D President	<input type="checkbox"/> Delete
NAME HARRISON, BILLY H	
STREET ADDRESS 225 CARL FLOYD RD	
CITY-ST-ZIP WINTER HAVEN FL 33884	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bill Harrison* **BILL HARRISON** 2/06/2006 (863) 325-9135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #