


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000065685
 1. Entity Name
HARRIS FARM SUPPLY, INC.



Principal Place of Business Mailing Address
3302 CREEK RD **3302 CREEK RD**
VERNON FL 32462 **VERNON FL 32462**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

HARRIS, GARY
3302 CREEK RD
VERNON FL 32462

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 _____ 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, 2005 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 DPT <input type="checkbox"/> Delete	HARRIS, GARY
NAME	3302 CREEK RD
STREET ADDRESS	VERNON FL 32462
CITY - ST - ZIP	
TITLE VS <input type="checkbox"/> Delete	HARRIS, MARSHA
NAME	3302 CREEK RD
STREET ADDRESS	VERNON FL 32462
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	U00000274250
STREET ADDRESS	03/24/05-80004-013 150.00
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 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: Gary Harris GARY HARRIS 3-21-05 (850)535-4128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #