

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000081825

1. Entity Name
HARRELL INSURANCE AGENCY, INC.



Principal Place of Business

**109 HATLEY STREET
JASPER, FL 32052**

Mailing Address

**P.O. BOX M
JASPER, FL 32052**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
81-0628489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCAFF, SONNY ESQ.
215 NE 2ND STREET
JASPER, FL 32052**

**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**

**100000502786
04/26/06-80006-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	WHITAKER, J. DOUGLAS
STREET ADDRESS	109 HATLEY STREET
CITY-ST-ZIP	JASPER, FL 32052
TITLE	VD
NAME	WHITAKER, J. DOUGLAS
STREET ADDRESS	109 HATLEY STREET
CITY-ST-ZIP	JASPER, FL 32052
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2006 686792-1252

DATE

Daytime Phone #