2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P03000098480 55 Jan 28, 2008 08:00 Al 1. Entity Name HARRIS FENCE INSTALLATION, INC. Secretary of State Mailing Address Principal Place of Business 1588 GARRETT MILL ROAD **1588 GARRETT MILL ROAD BAKER, FL 32531 BAKER. FL 32531** 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1075460 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRIS, JAMES E DO NOT WRITE 1588 GARRETT MILL ROAD **BAKER, FL 32531** 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** 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. HARRIS, JAMES E NAME STREET ADDRESS 1588 GARRETT MILL ROAD CITY-ST-ZIP **BAKER, FL 32531** U00000799866 01/30/08-80083-025 150.00 TITLE NAME HARRIS, REBECCA D STREET ADDRESS 1588 GARRETT MILL ROAD CITY-ST-ZIP **BAKER, FL 32531** NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP MONTH TO THE REP. NAME

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone i