

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000120520

1. Entity Name
HARLEY TERRELL CONSTRUCTION, INC.



Principal Place of Business

P.O. BOX 29
GENEVA, FL 32732

Mailing Address

P.O. BOX 29
GENEVA, FL 32732

DO NOT WRITE IN THIS SPACE



02242006 No Chg-P CRZE034 (11/05)

4. FEI Number 20-0342855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TERRELL, HARLEY
3395 EAST ST RT 46
GENEVA, FL 32732

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TERRELL, HARLEY
STREET ADDRESS	3395 EAST ST RD 46
CITY-ST-ZIP	GENVEA, FL 32732
TITLE	SEC
NAME	TERRELL, CASSANDRA N
STREET ADDRESS	3395 EAST ST RD 46
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	VP
NAME	TERRELL, HARLEY
STREET ADDRESS	3395 EAST ST RD 46
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/24/06-80009-024 150.00

**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:

Cassandra N Terrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-349-9121