2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2005 8:00 am DOCUMENT # P03000140551 **Secretary of State** 1. Entity Name 02-28-2005 90211 027 ***158.75 MANUEL HARRIS CARPENTRY & CONCRETE, INC. Principal Place of Business Mailing Address 619 REDDICK ST 619 REDDICK ST EUSTIS FL 32726 EUSTIS FL 32726 50019424 MANGE Change 2. Principal Place of Business 3. Mailing Address 726 E. MACDONALL AVE 726.E. MACDONALD AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 26-0075007 Eusts Eustis Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 32726 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANUELTHARRIS SR. HARRIS, MANUEL J SR. Street Address (P.O. Box Number is Not Acceptable) 619 REDDICK ST 726. E. MACDONALD AVE. EUSTIS FL 32726 776 E. MACDONALD AVE. Zip Code City Eustis 32726 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 MANUEL J. HARRIS ST FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Change Addition TITLE ☐ Delete HARRIS MANUEL J. SR 726 E. MACDONALD AYE-HARRIS, MANUEL J SR. NAME NAME 619 REDDICK ST 726 E. MACDONALD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZP -> CITY-ST-ZIP EUSTIS FL 32726 Bustis Fla. 32726 ☐ Delete TITLE ☐ Change ☐ Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP - □ Delete Change __ Addition THUE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete THIF ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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