
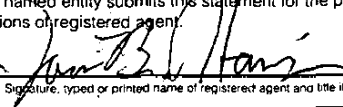
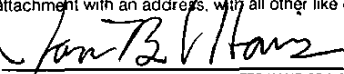


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90050 011 \*\*\*150.00

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # P04000005762</b><br>1. Entity Name<br><b>JASON B. HARRIS, PA</b>  |   |   |  |             |  |
| Principal Place of Business<br><b>1311 WHITMORE STREET</b><br><b>SEBASTIAN, FL 32958 US</b>   |   |   | Mailing Address<br><b>1311 WHITMORE STREET</b><br><b>SEBASTIAN, FL 32958 US</b>  |  |  |
| 2. Principal Place of Business<br><b>797 TULLP DR</b><br>Suite, Apt. #, etc.  |   |   | 3. Mailing Address<br><b>797 TULLP DR</b><br>Suite, Apt. #, etc.   |  |  |
| City & State<br><b>SEBASTIAN, FL</b><br>Zip Country<br><b>32958 US</b>  |   |   | City & State<br><b>SEBASTIAN, FL</b><br>Zip Country<br><b>32958 US</b>   |  |  |
| 4. FEI Number<br><b>32-0104126</b>  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   | 07222005 Chg-P CR2E034 (10/03)   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HARRIS, JASON B</b><br><b>1311 WHITMORE STREET</b><br><b>SEBASTIAN, FL 32958</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>HARRIS, JASON B</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>797 TULLP DR</b><br>City <b>SEBASTIAN</b> <b>FL</b> Zip Code <b>32958</b> |  |  |
| 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.<br>SIGNATURE:  DATE: <b>07/30/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>HARRIS, JASON B<br>1311 WHITMORE STREET<br>SEBASTIAN, FL 32958 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>HARRIS, JASON B<br>797 TULLP DR<br>SEBASTIAN, FL 32958                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |   |   |  |  |  |
| SIGNATURE:   |   |   | JASON B HARRIS 07/30/05 561-964-6927   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | <small>Date Daytime Phone #</small>  |  |  |

**50060563**



ATTACHMENT  
57060563  
**C.R. COOPER, CPA, PA**  
1495 FOREST HILL BLVD STE B  
WEST PALM BEACH, FLORIDA 33406

American Institute of  
Certified Public Accountants

(561) 964-6927  
(561) 432-0008

Florida Institute of  
Certified Public Accountants

FAX (561) 433-3596

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July 22, 2005

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Taxpayer: JASON B HARRIS, P.A.

Document #: P04000005762

FEIN: 32-0104126

Tax Form: UBR

Tax Period: 2005

To Whom It May Concern:

We have enclosed check # 676 in the amount of \$150.00 for the 2005 Corporate Annual Renewal of JASON B HARRIS, P.A., Document # P04000005762.

Please abate the penalty as Mr. Harris did not receive the original UBR. The Corporation is newly formed and did not intentionally avoid the filing fee.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

C. R. Cooper, CPA

  
Encl.

cc