

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014403

Entity Name: HARRIS DEVELOPMENT, INC.

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

230 N PARK AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

230 N PARK AVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 35-2224220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOVER, STEPHEN H
230 N PARK AVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRIS, CHRISTOPHER L
Address: 1015 ABELL CIR
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: HARRIS, SYLVIO L
Address: 14822 LAKE PICKETT RD
City-St-Zip: ORLANDO, FL 32820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARRIS, CHRISTOPHER L
Address: 14822 LAKE PICKETT RD.
City-St-Zip: ORLANDO, FL 32820

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER L. HARRIS

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date