2006 FOR PROFIT CORPORATION

Apr 11, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000049470** 04-11-2006 90102 034 ***150.00 1. Entity Name HARRIS LATHING, INC. Principal Place of Business Mailing Address 738 W. RIVER ROAD 738 W. RIVER ROAD PALATKA, FL 32177 PALATKA, FL 32177 No Chg-P CR2E034 (11/05) 02142006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0880701 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRIS, CLAUDE E DO NOT WRITE 738 W. RIVER ROAD PALATKA, FL 32177 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PRES TITLE HARRIS, CLAUDE E NAME STREET ADDRESS 738 W. RIVER ROAD CITY-ST-ZIP PALATKA, FL 32177 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR

FILED