2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State
04-05-2007 90143 008 ***150.00

DOCUMENT # P04000092498

1. Entity Name
SUSAN WILLIAMS HARRISON, P.A.

Principal Place of Business	Mailing Address
820 RITA CIRCLE ST. AUGUSTINE, FL 32086	820 RITA CIRCLE ST. AUGUSTINE, FL 32086

03112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
432 OCEAN GROVE CIR	432 OCEAN GROVE CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE FL	City & State: ST AUGUSTINE FL
Zip: 32080 Country:	Zip: 32080 Country:

4. FEI Number 55-0872869 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, SUSAN WILLIAMS
820 RITA CIRCLE
ST. AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent

Name
Street Address (P.O Box Number is Not Acceptable) 432 OCEAN GROVE CIRCLE
City ST. AUGUSTINE FL Zip Code 32080

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARRISON, SUSAN WILLIAMS 820 RITA CIRCLE ST. AUGUSTINE, FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 432 OCEAN GROVE CIRCLE ST. AUGUSTINE FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Susan Williams Harrison 4/3/07 904-501-7399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #