

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000133653

1. Entity Name  
T. J. HARRIS ENTERPRISES, INC.



FILED

06 SEP 18 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3085 N BARTOW CREEK CIR  
LECANTO, FL 34461-7818

Mailing Address  
3085 N BARTOW CREEK CIR  
LECANTO, FL 34461-7818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09132006

Chg-P

CR2E034 (11/05)

4. FEI Number  
86-1115054

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, TERESA J  
3090 N PINE LAKE VILLAGE PT  
LECANTO, FL 34461

*DIVORCED  
USING MAIDEN  
NAME*

*TERESA J JOHNSON*

Name  
*TERESA JOHNSON*

Street Address (P.O. Box Number is Not Acceptable)

*3085 N BARTON CREEK CIRCLE*

City  
*LECANTO, FL* Zip Code  
*34461*

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  
Due by September 15, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*D* ☐ Delete  
*HARRIS, TERESA JOHNSON*  
*3090 N PINE LAKE VILLAGE PT*  
*LECANTO, FL 34461*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*D, PRES* ☒ Change ☐ Addition  
*3085 N. BARTON CREEK CIRCLE*  
*LECANTO, FL 34461-7818*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
*300080030293*  
*09/21/06--01032--019 \*\*150.00*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9-12-06*

Date

*278 3180*

Daytime Phone #

*29/10*