


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90048 043 ***150.00

DOCUMENT # P05000072751 1. Entity Name HARRISON REPAIR SERVICE, INC.																													
Principal Place of Business 12351 SE 86TH CT BELLEVUE, FL 34420			Mailing Address PO BOX 268 BELLEVUE, FL 34421																										
2. Principal Place of Business - No P.O. Box # 1711 S.E. 178 Lane Suite, Apt. #, etc.		3. Mailing Address P.O. Box 214 Suite, Apt. #, etc.																											
City & State Summerfield, FL. 34491		City & State Lake Helen, FL. 32744		4. FEI Number 65-0973515																									
Zip 34491		Country Marion		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
Zip 34491		Country Marion		6. Name and Address of Current Registered Agent HARRISON, GAY 12351 SE 86TH CT BELLEVUE, FL 34420																									
Zip 34491		Country Marion		7. Name and Address of New Registered Agent Name Catherine A Kasper Street Address (P.O. Box Number is Not Acceptable) 240 Sandy Hill City Deland FL Zip Code 32720																									
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: <u>Catherine A. Kasper</u> DATE: <u>3/21/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D HARRISON, PAUL</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PO BOX 268</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BELLEVUE, FL 34421</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D HARRISON, PAUL	<input type="checkbox"/> Delete	NAME	PO BOX 268		STREET ADDRESS	BELLEVUE, FL 34421		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P.O. Box 712</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Reddick, FL. 32686-0712</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P.O. Box 712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Reddick, FL. 32686-0712		STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Paul A. Harrison</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/21/07</u> Daytime Phone #: <u>1-352-502-6984</u>																										

60028708



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