


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90020 024 \*\*\*150.00

<b>DOCUMENT # P05000163391</b> 1. Entity Name HARRIS MARKETING COMMUNICATIONS, INC.	
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Principal Place of Business 344 COLONIAL ROAD WEST PALM BEACH, FL 33405 US	Mailing Address 344 COLONIAL ROAD WEST PALM BEACH, FL 33405 US
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**66008069**



**DO NOT WRITE IN THIS SPACE**

01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3940418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required

8. Name and Address of Current Registered Agent  YEEND, JOHN 1109 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406
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**DO NOT WRITE  
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: Joanne L Harris 03/24/08  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HARRIS, JOANNE L 344 COLONIAL ROAD WEST PALM BEACH, FL 33406
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IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE: Joanne L Harris President 042408 561-5853850  
SIGNATURE AND TYPED OR PRINTED NAME OF EXERCISING OFFICER OR DIRECTOR Date Daytime Phone #