


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90205 043 ***150.00

DOCUMENT # P06000012188

1. Entity Name
MEAGAN N. HARRIS, P.A.



Principal Place of Business Mailing Address
1163 HOLLYGATE LANE **1163 HOLLYGATE LANE**
NAPLES, FL 34103 US **NAPLES, FL 34103 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6899 Lone Oak Blvd **6899 Lone Oak Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Naples FL **NAPLES FL**
 Zip Country Zip Country
34109 USA **34109 USA**

4092007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-4280408 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, MEAGAN N
1163 HOLLYGATE LANE
NAPLES, FL 34103

Name
 Street Address (P.O. Box Number is Not Acceptable)
6899 LONE OAK BLVD
 City State Zip Code
NAPLES FL 34109

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 _____ (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	PVST HARRIS, MEAGAN N 1163 HOLLYGATE LANE NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6899 LONE OAK BLVD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Meagan N. Harris* Date: 4/17/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #