2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# P06000044682

Entity Name: HARRIS MORTUARY, INC.

Current Principal Place of Business:

2261 EDISON AVE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

P O BOX 2789
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 83-0454552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONALD-HARRIS, ELLEN
11464 SECRETARIAT LN W
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DONALD-HARRIS, ELLEN F
Address: 11464 SECRETARIAT LN W
City-St-Zip: JACKSONVILLE, FL 32218

Title: VTD ( ) Delete
Name: MILLER, TELLY
Address: 11464 SECRETARIAT LN W
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD ( ) Delete
Name: MILLER, ERIC
Address: 1442 SEAWOLF TR N
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete
Name: COLLINS, LARRY
Address: 1565 E 22ND ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: BM ( ) Delete
Name: SIMMONS, CURTIS
Address: 1359 AGNES STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: BM ( ) Change (X) Addition
Name: HARRIS, ALBERT B
Address: 11464 SECRETARIAT LN W
City-St-Zip: JACKSONVILLE, FL 322082266

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MRS. ELLEN F. DONALD-HARRIS PD 03/18/2009

Electronic Signature of Signing Officer or Director Date