

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90031 040 ***150.00

DOCUMENT # P06000145949					
1. Entity Name HARRIS COASTAL ENTERPRISES, INC.					
Principal Place of Business 212 9TH STREET PORT ST. JOE, FL 32456 US			Mailing Address 212 9TH STREET PORT ST. JOE, FL 32456 US		
2. Principal Place of Business - No P.O. Box # 118 Heritage lane Suite, Apt. #, etc.		3. Mailing Address 118 Heritage lane Suite, Apt. #, etc.			
City & State Port St. Joe FL		City & State Port St. Joe FL		4. FEI Number 20-5923898	
Zip 32456		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, MARK 212 9TH STREET PORT ST. JOE, FL 32456			7. Name and Address of New Registered Agent Name: mark HARRIS Street Address (P.O. Box Number is Not Acceptable): 118 Heritage lane City: Port St. Joe FL Zip Code: 32456		
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, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVST NAME HARRIS, MARK STREET ADDRESS 212 9TH STREET CITY-ST-ZIP PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete		TITLE PVST NAME HARRIS, mark STREET ADDRESS 118 Heritage lane CITY-ST-ZIP Port St. Joe FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HARRIS, MARK STREET ADDRESS 212 9TH STREET CITY-ST-ZIP PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete		TITLE D NAME HARRIS, mark STREET ADDRESS 118 Heritage lane CITY-ST-ZIP Port St. Joe FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HARRIS, ROSE STREET ADDRESS 212 9TH STREET CITY-ST-ZIP PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete		TITLE D NAME HARRIS, ROSE STREET ADDRESS 118 Heritage lane CITY-ST-ZIP Port St. Joe FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/9/08 850 899 9059 Date Daytime Phone #		