2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156356

Entity Name: HARRIS BUILDERS OF FLORIDA INC

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1801 SE 5TH. AVE CAPE CORAL,, FL 33990				1801 SE 5TH AVE CAPE CORAL, FL 33990			
Current Mailing Address:				New Mailing Address:			
1801 SE 5TH. AVE CAPE CORAL,, FL 33990				1801 SE 5TH AVE CAPE CORAL, FL 33990			
FEI Number:	87-0790756	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HARRIS, KIMBERLY J 1801 SE 5TH. AVE CAPE CORAL, FL 33990 US				HARRIS, KIMBERLY J 222 NW 13TH ST CAPE CORAL, FL 33993 US			
The above in the State		ubmits this statement for the pur	pose o	f changing it	s registered of	ffice or registered agent, or both,	
SIGNATURE:				04/26/2007			
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () Delete HARRIS, KIMBERLY J 1801 SE 5TH AVE CAPE CORAL, FL 33990			Title: Name: Address: City-St-Zip:	P (X) HARRIS, KIMBE 222 NW 13TH S CAPE CORAL, I	ST	
Title: Name: Address: City-St-Zip:	P () Delete HARRIS, HAROLD R 1801 SE 5TH AVE CAPE CORAL, FL 33990			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () Delete SHORES, ROBERT 222NW 13TH. ST CAPE CORAL, FL 33993			Title: Name: Address: City-St-Zip:	D (X) SHORES, ROBE 222 NW 13TH S CAPE CORAL, I	ST	
Title: Name: Address: City-St-Zip:	D (X) Delete HARRIS, JASON R 4609 SW SANTA BARBARA PL. CAPE CORAL, FL 33914			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (X) HARRIS, JEREM 1801 SE 5TH. AV CAPE CORAL, F	/E.		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY JUSTINE HARRIS P 04/26/2007