2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016186

City-St-Zip:

LONGWOOD, FL 32750

FILED Apr 06, 2009 Secretary of State

Entity Name: HARRISON BROWN CONSTRUCTION INC					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1951 ELKHORN COURT LONGWOOD, FL 32750				292 EAST PALMETTO AVE LONGWOOD, FL 32750	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1951 ELKHORN COURT LONGWOOD, FL 32750				292 EAST PALMETTO AVE LONGWOOD, FL 32750	
FEI Number:	26-1961132	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
HARRISON, CHARLES R 1951 ELKHORN COURT LONGWOOD, FL US			292 EAST PALMETT	HARRISON, CHARLES R 292 EAST PALMETTO AVE LONGWOOD, FL 32750 US	
The above in the State		ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: CHARLES HARRISON				04/06/2009	
Electronic Signature of Registered Agent			t	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () HARRISON, CH 1951 ELKHORN LONGWOOD, F	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BROWN, RICHA 4844 LAKE CEC KISSIMMEE, FL	CILE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TRES () HARRISON, KA ^T 1951 ELKHORN		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: CHARLES HARRISON **PRES** 04/06/2009