

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P37869

1. Entity Name
HARRITY FAMILY CORPORATION



Principal Place of Business
**HARRITY MARTIN J.
1263 ISABEL DRIVE
SANIBEL, FL 33957 US**

Mailing Address
**SCHOWALTER & JOBOUR
11777 GRAVOS ROAD
ST LOUIS, MO 63127 US**

**FILED
Apr 12, 2006 8:00 am
Secretary of State**

04-12-2006 90073 036 ***150.00

40046665

02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1274070	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARRITY, MARTIN J.
1263 ISABEL DRIVE
SANIBEL, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

B. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

3/6/06

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVPS
NAME	HARRITY, MARTIN J.
STREET ADDRESS	1263 ISABEL DR
CITY - ST - ZIP	SANIBEL, FL 33957

TITLE	TD
NAME	HARRITY, MARTIN J.
STREET ADDRESS	1263 ISABEL DR
CITY - ST - ZIP	SANIBEL, FL 33957

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3/6/06
Date

Daytime Phone #