


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90080 014 ***150.00

DOCUMENT # P38040	
1. Entity Name HARRISON ASSOCIATES, INC.	

Principal Place of Business 1840 NE 59TH CT FORT LAUDERDALE, FL 33308 US	Mailing Address P.O. BOX 7215 FT. LAUDERDALE, FL 33338 US ✓
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2. Principal Place of Business 7880 N. UNIVERSITY DR. Suite, Apt. #, etc. #201	3. Mailing Address P.O. Box 7215 Suite, Apt. #, etc.
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03012005 Chg-P CR2E034 (10/03)

City & State TAMARAC FL	City & State FT. LAUDERDALE, FL	4. FEI Number 52-1571749	Applied For <input type="checkbox"/> Not Applicable
Zip 33321	Country USA	Zip 33338	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARD G. HARRISON 1840 NE 59TH CT FORT LAUDERDALE, FL 33308	Name RICHARD G. HARRISON
	Street Address (P.O. Box Number is Not Acceptable) 7880 N. UNIVERSITY DRIVE #201
	City TAMARAC FL Zip Code 33321

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: *Richard G. Harrison* DATE: **03/01/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, RICHARD G. 1840 NE 59TH CT FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRISON, RICHARD G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7880 N. UNIVERSITY DRIVE #201 TAMARAC, FL 33321
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
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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 exemption stated in Section 119.07(3)(i), 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: *Richard G. Harrison* **RICHARD G. HARRISON** DATE: **03/01/05** DAYTIME PHONE #: **(954) 566-6818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR