2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000006014

 Entity Name HARRIS PREP SHOP, INC.



FILED
May 02, 2006 08:00 AN
Secretary of State

Principal Place of Business

4152 W. BLUE HERON BLVD

SUITE 118 RIVIERA BEACH, FL 33404 U Mailing Address

4152 W. BLUE HERON BLVD

SUITE 118

RIVIERA BEACH, FL 33404

04272006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0383079

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

HARRIS, CHARLES C 4152 W BLUE HERON BLVD SUITE 118 RIVIERA BEACH, FL 33404

DO NOT WRITE IN THIS SPACE

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.	

(NOTE: Registered Agent algnature required when reinstaling)

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FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing

\$5.00 May Be Added to Fees U00000558607 05/17/06-80100-016 150.00

	ILE I							
After	May	1, 2	006	Fee	will	be	\$550.0	0

Trust Fund Contribution.

OFFICERS AND DIRECTORS 10. PD TITLE HARRIS, CHARLES C NAME 2380 BAYVILLAGE CT STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 STD NAME HARRIS, PAULA G 2380 BAYVILLAGE CT STREET ADDRESS CITY-ST-7IP PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUS CHARRIS

4-27-2006

Daytime Phone #