2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2005 8:00 am Secretary of State DOCUMENT # P93000085228 1. Entity Name 02-02-2005 90060 041 ***150.00 H. HARRIS INVESTMENTS, INC. Principal Place of Business Mailing Address 4032 GORDON WELLS DR 4032 GORDON WELLS DR MILTON FL 32583 MILTON FL 32583 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3215566 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Harry C. HARRIS WESTMORELAND, J. LOFTON Street Address (P.O. Box Number is Not Acceptable) 220 W. GARDEN ST. GORDON Wells 9TH FLOOR PENSACOLA FL 32501 W: H0N8. 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. HARRY C. HARRIS 1-26-05 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition TITLE ☐ Delete THILE HARRIS, HARRY C NAME NAME 4032 GORDON WELLS DR STREET ADDRESS STREET ADDRESS MILTON FL 32583 CITY-ST-ZIP CITY-ST-7IP ☐ Change ST Addition TITLE ☐ Defete TITLE HARRIS, LINDA G NAME NAME STREET ADDRESS 4032 GORDON WELLS DR STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP MILTON FL 32583 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Defete DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 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.

FILED

1-26-05 (850) 626-4814 LINDA G. HARRIS