## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Secretary of State DOCUMENT # P93000085228 1. Entity Name 03-28-2006 90115 034 \*\*\*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 2. Principal Place of Business 3. Mailing Addres 3909 ANDREW Jackson Circle 3909 ANDrew Jackson Cir. Sulte, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For 59-3215566 PACE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, HARRY C Street Address (P.O. Box Number is Not Acceptable) 4032 GÓRDON WELLS DR MILTON FL 32583 Zip Code 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 . Signature, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE IS \$150.00. \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change 🔀 Addition Harris Harry C 3909 Andrew Jackson Circle HARRIS, HARRY C NAME STREET ADDRESS 4032 GORDON WELLS DR STREET ADDRESS CITY-ST-7IP MILTON FL 32583 CITY-ST-ZIP PACE FL. 32571 TITLE ☐ Delete TITLE ■ Addition HARRIS, LINDA G. 3909 ANDrew Jackson Circle NAME HARRIS, LINDA G NAME STREET ADDRESS STREET ADDRESS 4032 GORDON WELLS DR CITY-ST-ZIP CITY-ST-ZIP PACE FL 32571 MILTON FL 32583 THE ☐ Detete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Delete Addition [7] Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Linda S. Harris Linda G. HARRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

850-994-2242

FILED

Mar 28, 2006 8:00 am