

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90072 029 ***150.00

DOCUMENT # P93000086841					
1. Entity Name HARRIS SERVICE UNLIMITED, INC.					
Principal Place of Business 15752 US 301 N DADE CITY, FL 33525 US			Mailing Address PO BOX 2304 DADE CITY, FL 33526		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3211625	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARRIS, CONNIE L 26106 MOUNTAIN VIEW BLVD BROOKSVILLE, FL 34601				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE S	NAME HARRIS, ANGELA M <input type="checkbox"/> Delete		TITLE VD	NAME Mitchell O. Harris <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 26124 MOUNTAIN VIEW BLVD.	CITY-ST-ZIP BROOKSVILLE, FL 34602		STREET ADDRESS 20848 Hines Rd. - PO Box 726	CITY-ST-ZIP Lacoochee, FL 33537	
TITLE PD	NAME HARRIS, CONNIE L <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 26106 MOUNTAIN VIEW BLVD	CITY-ST-ZIP BROOKSVILLE, FL 34601		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VD	NAME HARRIS, MATTHEW D <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 26124 MOUNTAIN VIEW BLVD.	CITY-ST-ZIP BROOKSVILLE, FL 34602		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE CD	NAME HARRIS, LARRY D <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 26106 MOUNTAIN VIEW BLVD	CITY-ST-ZIP BROOKSVILLE, FL 34601		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VD	NAME HARRIS, MARCUS D <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 20848 HINES RD-PO BOX 726	CITY-ST-ZIP LACOOCHEE, FL 33537		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME HARRIS, MICHELLE E <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 20902 HINES RD-PO BOX 798	CITY-ST-ZIP DADE CITY, FL 33526		STREET ADDRESS 	CITY-ST-ZIP 	
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: <i>Connie L Harris</i> / Connie L Harris			1/16/06 352-521-0707		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		