

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086841

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: HARRIS SERVICE UNLIMITED, INC.

## Current Principal Place of Business:

15752 US 301 N  
DADE CITY, FL 33525 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2304  
DADE CITY, FL 33526

## New Mailing Address:

FEI Number: 59-3211625      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRIS, CONNIE L  
26106 MOUNTAIN VIEW BLVD  
BROOKSVILLE, FL 34601 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: HARRIS, ANGELA M  
Address: 26124 MOUNTAIN VIEW BLVD.  
City-St-Zip: BROOKSVILLE, FL 34602

Title: PD ( ) Delete  
Name: HARRIS, CONNIE L  
Address: 26106 MOUNTAIN VIEW BLVD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: VD ( ) Delete  
Name: HARRIS, MATTHEW D  
Address: 26124 MOUNTAIN VIEW BLVD.  
City-St-Zip: BROOKSVILLE, FL 34602

Title: CD ( ) Delete  
Name: HARRIS, LARRY D  
Address: 26106 MOUNTAIN VIEW BLVD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: VD ( ) Delete  
Name: HARRIS, MARCUS D  
Address: 20848 HINES RD-PO BOX 726  
City-St-Zip: LACOOCHIEE, FL 33537

Title: TD ( ) Delete  
Name: HARRIS, MICHELLE E  
Address: 20902 HINES RD-PO BOX 798  
City-St-Zip: DADE CITY, FL 33526

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE L HARRIS

PRES

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date