2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086841

Entity Name: HARRIS SERVICE UNLIMITED, INC.

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	5752 US 301 N DADE CITY, FL 33525 US		15752 US 3 DADE CITY	301 N /, FL 33523	US		
Current Mailing Address:				New Mailing Address:			
PO BOX 23 DADE CITY	304 /, FL 33526						
FEI Number:	59-3211625	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						ew Registered Agent:	
HARRIS, CONNIE L 26106 MOUNTAIN VIEW BLVD BROOKSVILLE, FL 34601 US				HARRIS, CONNIE L 26106 MOUNTAIN VIEW BLVD BROOKSVILLE, FL 34602 US			
The above in the State		ubmits this statement for the pu	rpose o	of changing it	s registered of	ffice or registered agent, or both,	
SIGNATURE:				01/09/2008			
Electronic Signature of Registered Agent				Date			
Election Carr	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S () I HARRIS, ANGEL 26124 MOUNTAI BROOKSVILLE,	N VIEW BLVD.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	PD () I HARRIS, CONNII 26106 MOUNTAI BROOKSVILLE,	N VIEW BLVD		Title: Name: Address: City-St-Zip:	PD (X) HARRIS, CONNI 26106 MOUNTA BROOKSVILLE,	IN VIEW BLVD	
Title: Name: Address: City-St-Zip:	VD () I HARRIS, MATTH 26124 MOUNTAI BROOKSVILLE,	N VIEW BLVD.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	CD () I HARRIS, LARRY 26106 MOUNTAI BROOKSVILLE,	N VIEW BLVD		Title: Name: Address: City-St-Zip:	CD (X) HARRIS, LARRY 26106 MOUNTA BROOKSVILLE,	IN VIEW BLVD	
Title: Name: Address: City-St-Zip:	VD () I HARRIS, MARCU 20848 HINES RE LACOOCHEE, FI)-PO BOX 726		Title: Name: Address: City-St-Zip:	VD (X) HARRIS, MARCI 5991 COUNTRY RIDGE MANOR,	CLUB DR	
Title: Name: Address: City-St-Zip:	TD () I HARRIS, MICHE 20902 HINES RE DADE CITY, FL	D-PO BOX 798		Title: Name: Address: City-St-Zip:	TD (X) HARRIS, MICHE 6023 FAIRWAY RIDGE MANOR,	DRIVE	

I hereby certify that the information supplied with this filing does not qualify 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: ANGELA HARRIS SEC 01/09/2008