

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086841

FILED
Feb 13, 2012
Secretary of State

Entity Name: HARRIS SERVICE UNLIMITED, INC.

Current Principal Place of Business:

15752 US 301 N
DADE CITY, FL 33523 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 34602 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

OFFICERS AND DIRECTORS:

Title: VD
Name: HARRIS, MITCHELL D
Address: 20848 HINES RD
City-St-Zip: DADE CITY, FL 33523

Title: PD
Name: HARRIS, CONNIE L
Address: 26106 MOUNTAIN VIEW BLVD
City-St-Zip: BROOKSVILLE, FL 34602

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

Title: CD
Name: HARRIS, LARRY D
Address: 26106 MOUNTAIN VIEW BLVD
City-St-Zip: BROOKSVILLE, FL 34602

Title: VD
Name: HARRIS, MARCUS D
Address: 5991 COUNTRY CLUB DR
City-St-Zip: RIDGE MANOR, FL 33523

Title: TD
Name: LINVILLE, MICHELLE E
Address: 6023 FAIRWAY DRIVE
City-St-Zip: RIDGE MANOR, FL 33523

I hereby 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 all other like empowered.

SIGNATURE: CONNIE L HARRIS

PRES

02/13/2012

Electronic Signature of Signing Officer or Director

Date