2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000086976

HARRIS REAL ESTATE PROPERTY MANAGEMENT, INC.



Principal Place of Business

6945 103RD ST. JACKSONVILLE, FL 32210 Mailing Address

6945 103RD ST.

JACKSONVILLE, FL 32210

FILED Jan 08, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05)

4. FEI Number 59-3214131

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, RAYMOND P 6945 103RD ST JACKSONVILLE, FL 32210

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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.	
¢.	CNATHE	

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

TITLE NAME Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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I	10.	OFFICERS AND DIRECTORS	
ļ	TITLE	D	
ı	NAME	HARRIS, RAYMOND P	
I	STREET ADDRESS	6945 103RD ST.	
l	CITY-ST-ZIP	JACKSONVILLE, FL 32210	
-	TITLE		
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		

DO NOT WRITE IN THIS SPACE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 attachprent with an address with all other like empowered.

SIGNATURE:

AND TITED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR