

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000012227

Entity Name: GUY HARRIS, INC.

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

133 NE 19TH STREET
HOMESTEAD, FL

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 700906
C/O SHARON SHELLHOUSE
MIAMI, FL 33170 US

New Mailing Address:

FEI Number: 65-0577400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELLHOUSE, SHARON P
133 NE 19TH ST
HOMESTEAD, FL 33030 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHELLHOUSE, DALTON
Address: 133 NE 19TH STREET
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: SHELLHOUSE, DALTON
Address: 133 NE 19TH ST.
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DALTON SHELLHOUSE

D

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date