

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90013 042 ***150.00

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1. Entity Name

BILL HARRIS & ASSOCIATES, INC.



Principal Place of Business

235 NE 6TH AVE
DELRAY BCH FL 33483
US

Mailing Address

331 NE 8TH AVE
DELRAY BEACH FL 33483
US



2. Principal Place of Business - No P.O. Box #

1030 S. Federal Highway
Suite, Apt. #, etc.
Suite # 104

3. Mailing Address

Suite, Apt. #, etc

1st MOORE

CR2E034 (10/06)

City & State

Delray Beach FL

City & State

Zip

Country

U.S.A.

Country

4. FEI Number

65-0533381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWANK, STEPHEN R
309 NE 1ST STREET
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title (attachable)

(NOT: Registered Agent signature returned when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTS ☐ Delete
NAME HARRIS, LINDA S
STREET ADDRESS 331 NE 8TH AVE
CITY ST ZIP DELRAY BEACH FL 33344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Section 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 attachment with an address, with all other like empowered.

SIGNATURE:

Bill Harris

Linda Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-07 561-278-0011