


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91021 010 \*\*\*150.00

<b>DOCUMENT # P95000012331</b>	
1. Entity Name <b>M.D. HARRISON ENTERPRISES, INC.</b>	

Principal Place of Business <b>817 WYNDEMERE WAY NAPLES, FL 34105 US</b>	Mailing Address <b>817 WYNDEMERE WAY NAPLES, FL 34105 US</b>
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2. Principal Place of Business <b>142 E. GRAND Ave.</b>	3. Mailing Address <b>142 E. GRAND Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FOX LAKE, IL</b>	City & State <b>FOX LAKE, IL</b>
Zip <b>60020</b>	Zip <b>60020</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>



03252004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
<b>SALVATORI, LEO J</b> <b>QUARLES STREET 4001</b> <b>BADNETT CENTER, 4801 TAMiami TR. N, S-300-330</b> <b>NAPLES, FL 34103</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>HARRISON, MILO D</b> <b>817 WYNDEMERE WAY</b> <b>NAPLES, FL 34104</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VPST</b>	<input type="checkbox"/> Delete <b>HARRISON, KAREN A</b> <b>817 WYNDEMERE WAY</b> <b>NAPLES, FL 34104</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>HARRISON, MARGARET M</b> <b>817 WYDEMERS WAY</b> <b>NAPLES, FL 34105</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Milo D. Harrison MILO D. HARRISON 4/24/04 847-973-2115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #