

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 16, 2004 08:00 AM  
Secretary of State

DOCUMENT # P95000012411

1. Entity Name  
HARRELSON PLASTERING, INC.



Principal Place of Business  
14 CINDY PLACE  
KEY LARGO, FL 33037

Mailing Address  
P.O. BOX 128  
KEY LARGO, FL 33037



02122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0555465

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HARRELSON, EDWARD L  
14 CINDY PLACE  
KEY LARGO, FL 33037

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME HARRELSON, TERRY L  
STREET ADDRESS 14 CINDY PLACE  
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE V  
NAME HARRELSON, EDWARD L  
STREET ADDRESS 14 CINDY PLACE  
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE T  
NAME HARRELSON, TERRY JR.  
STREET ADDRESS 14 CINDY PLACE  
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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02/16/04-80154-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Edward L Harrelson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-04 (305) 451-112C  
Date Daytime Phone #