2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State
02-27-2008 90003 049 ***150.00

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1. Entity Name
HARRELSON / DENO, INC.

66004043

02182008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6248 GALL BLVD. ZEPHYRHILLS, FL 33542 US	6248 GALL BLVD. ZEPHYRHILLS, FL 33542 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
37722 GEIBER ROAD	37722 GEIBER ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zephyrhills, FL	City & State: Zephyrhills, FL
Zip: 33542 Country:	Zip: 33542 Country:

4. FEI Number: 59-3317643 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DENO, SHARON
3237 DIANA DR
ZEPHYRHILLS, FL 33541

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	KEITH, MARJORIE L	
STREET ADDRESS	P O BOX 2176	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33539	
TITLE	D	☐ Delete
NAME	DENO, SHARON	
STREET ADDRESS	3237 DIANA DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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		
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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 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 attachment with an address, with all other like empowered.

SIGNATURE: X Marjorie Keith X 3/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #