## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jul 08, 2004 8:00 am Secretary of State

DOCUMENT # P95000041026  1. Entity Name HARRISON REALTY & DEVELOPMENT, INC.						07-08-2004 90100 001 ***150					0.00	
Principal Place	e of Busines	s	Mailing Address	Mailing Address								
1321 EDGEWATER DRIVE SUITE 6 ORLANDO, FL 32804			P.O. BOX 1133 ORLANDO, FL 32	P.O. BOX 1133 ORLANDO, FL 32802			54060650					
2. Principal P		ness ENTRAL BLUD	3. Mailing Address	3. Mailing Address								
Suite, Apt.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			07052004 Chg-P CR2E034 (10/03)					
	LAND		City & State	e e e e e e e e e e e e e e e e e e e			4. FEI Number         Applied For           59-3320276         Not Applicable					
Zip <b>3</b> 28	305	Ocunity ORANGE	Zip			Certificate of Status Desired      Name and Address of New Registe			□ F	Fee Hequired		
	6. Name	and Address of Curren	Name	-		- 11						
HARRISON, RAYMOND D 1321 EDGEWATER DRIVE SUITE 6 ORLANDO, FL 32804						dress (P.	MOVA O. Box Numb	er is Not Acceptable	irison ivd.	<u>/</u>		
, TE 3200+						ORLANDO FL ZIO COOR					05	
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 9. Election Camp Due by September 8, 2004 Trust Fund Co							00 May Be corporation did not receive the prior notice.					
10.7		OFFICERS AN	D DIRECTORS	11			ADDITIONS	/CHANGES TO OFF	ICERS AND E	IRECTORS	SIN 11	
NAME STREET ADDRESS CITY ST ZIP	1321 EDC	DN, RAYMOND D GEWATER DRIVE SU O, FL 32804		☐ Delete TILLE NAM STRE CITY			Addition  22 W. CENTRAL BLUD  PRIANDO FL 32805					
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12. I hereby certify that the information supplied with this filling does not quality 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 it 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-S1-ZIP